

**Instructions:** 1. Download and/or Print this Application Form and FILL-OUT completely  
 2. Either mail to: { ECCA, PO Box 100, Remer, MN 56672 } -or- email to: { [ecca@wlmin.org](mailto:ecca@wlmin.org) }  
 3. ECCA will contact the Student's Parent/s or Guardian/s to arrange an Interview

**Student Information**

Student's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No \_\_\_\_\_ Cell No \_\_\_\_\_ E-mail \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Gender \_\_\_\_\_ Social Security No \_\_\_\_\_  
 Place of Birth \_\_\_\_\_  
 Age \_\_\_\_\_ Grade to Enter \_\_\_\_\_ Adopted? or Foster? \_\_\_\_\_  
 Has the Student ever made a confession of faith in Jesus Christ? \_\_\_\_\_  
 Name of Church & City where Student currently attends (if any) \_\_\_\_\_  
 Minister \_\_\_\_\_ Phone No \_\_\_\_\_  
 Student's or Family's Physician \_\_\_\_\_ Phone No \_\_\_\_\_  
 Does the Student have any physical defects or allergies? \_\_\_\_\_ Explain \_\_\_\_\_  
 Does the Student take any medication? \_\_\_\_\_ Explain \_\_\_\_\_  
 Has the Student received all immunizations & boosters required by MN State Law to attend school this Fall? \_\_\_\_\_  
 Does the Student meet the **"Requirements to Attend ECCA"** as set forth in ECCA's Information Booklet? \_\_\_\_\_  
 Reason/s for selecting ECCA? \_\_\_\_\_

**Family Information**

	Father or Other Male Adult <input type="checkbox"/> Father <input type="checkbox"/> Other _____ (Indicate your Relationship to the Student)	Mother or Other Female Adult <input type="checkbox"/> Mother <input type="checkbox"/> Other _____ (Indicate your Relationship to the Student)
Name		
Mailing Address		
City, State & Zip		
Physical Address		
City, State & Zip		
Home Phone No		
Cell No		
Home E-mail		
Place of Employment		
Business Address		
Your Position/Title		
Business Phone No		
Church Attending (if any)		
Church Address		
Minister's Name		
Minister's Phone No		
Are You a Christian?		
Do You Meet the ECCA Parent Requirements?		

**Parents are:** (Please  Check One and Explain if necessary) (Check more than One if needed)  
 Married (Living Together)       Married (Living Separately)       Divorced  
 Never Married (Living Together)       Never Married (Living Separately)  
 Father Deceased       Mother Deceased  
 Further Explanation \_\_\_\_\_

**Children in family and/or household of school age not applying to ECCA:**

Names \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(More on Reverse Side)

## Parent or Guardian Consent

NS2627

(Please  Check & Sign ALL that Apply)

- Field Trip** – I hereby give ECCA and its Staff permission to transport my child on all Field Trips and any other Special School Trips during the 2026-2027 School Year.

Indicate any exceptions \_\_\_\_\_

**Required Parent or Guardian Signature** \_\_\_\_\_

- Swimming and YMCA** – I hereby give my child permission to participate in the ECCA Swimming Program and all other YMCA activities during the 2026-2027 School Year.

Indicate any exceptions \_\_\_\_\_

**Required Parent or Guardian Signature** \_\_\_\_\_

- Physical Education** – I hereby give my child permission to participate in the ECCA Physical Education Program (which includes Sports Activities such as Downhill Skiing, Bowling, Roller Skating, Ice Skating, Golfing, Mini-Golfing, Water Sliding, Snow Sliding, HS Student Convention Sports Activities, ECCA Competition Day Activities, etc.) during the 2026-2027 School Year.

Indicate any exceptions \_\_\_\_\_

**Required Parent or Guardian Signature** \_\_\_\_\_

- Extra-Curricular Sports Activities (If available)** (In Cooperation with & Located at Northland High School)

I hereby give my child permission to participate in ECCA's Extra-Curricular Sports Activities (In Cooperation with & Located at Northland High School) during the 2026-2027 School Year.

Indicate all Activities in which the child will participate \_\_\_\_\_

(more) \_\_\_\_\_

**Required Parent or Guardian Signature** \_\_\_\_\_

- Elementary Home Ec.** (Elementary Student Only)

- High School Home Management** (High School Student Only)

I hereby give my child permission to participate in the ECCA Elementary Home Ec. Program or the ECCA High School Home Management Program during the 2026-2027 School Year.

Indicate any exceptions \_\_\_\_\_

**Required Parent or Guardian Signature** \_\_\_\_\_

- Industrial Technologies** (High School Student Only)

I hereby give my child permission to participate in the ECCA High School Industrial Technologies Program during the 2026-2027 School Year.

Indicate any exceptions \_\_\_\_\_

**Required Parent or Guardian Signature** \_\_\_\_\_

## Student Scholastic and Behavior Information

Please indicate the quality of the Student's previous academic schoolwork:

Excellent     Good     Average     Poor

Has the Student ever been expelled, dismissed, or suspended from or refused admission to another school? \_\_\_\_\_

Explain \_\_\_\_\_

Has the Student ever received any disciplinary actions? \_\_\_\_\_ Explain \_\_\_\_\_

Has the Student ever been in trouble with the law, arrested, etc.? \_\_\_\_\_ Explain \_\_\_\_\_

Has the Student ever used tobacco, alcohol, or drugs of any kind? \_\_\_\_\_ Explain \_\_\_\_\_

Has the Student ever failed in school? \_\_\_\_\_ Explain \_\_\_\_\_

## Student and Parent or Guardian Agreement & Signatures

We have read the ECCA informational materials furnished and agree to submit to the program, academic and disciplinary regulations, and all other requirements instituted by the Administration and carried out by the Principal and Faculty of Eagle Country Christian Academy; and, also, to the best of our knowledge, the Information we have provided to ECCA on this Form is complete and accurate; and, therefore, we affix our signatures here:

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Acceptance to ECCA (For ECCA Use Only)

Accepted     Not Accepted \_\_\_\_\_

(more) \_\_\_\_\_

Head of School's Signature \_\_\_\_\_ Date \_\_\_\_\_