

OHIO CHRISTIAN
UNIVERSITY

Trailblazer Academy Student
Notification of Continuance

TERM OF INTEREST

Summer 20___ Fall 20___ Spring 20___

STUDENT INFORMATION

First Name: _____ Last Name: _____

Address / City: _____

State / Zip: _____ Email: _____

Primary Phone: _____ Secondary Phone: _____

PARENT / GUARDIAN INFORMATION

Name: _____ Phone: _____

Address / City: _____

State / Zip: _____ Email: _____

ADDITIONAL INFORMATION

Secondary School: _____

Address: _____

Preferred Format (Check all that apply):

- On Campus
- Online
- In High School (if offered)

ACKNOWLEDGEMENT

This application and all supporting documents become the property of Ohio Christian University and will not be returned to you or forwarded to another institution.

I understand Ohio Christian University will report grades and appropriate information to my high school counselor.

Signature of Student

Date