



Kentucky Christian University Housing Form



PERSONAL INFORMATION

Name _____ Date of Birth _____
 Address _____ City _____ State _____ Zip _____
 Home Telephone (____) _____ Home Church _____
 Parent(s)/Guardian(s) Names _____
 Father's Place of Employment _____ Phone (____) _____
 Mother's Place of Employment _____ Phone (____) _____
 Brother(s) age(s) _____ Sister(s) age(s) _____

ACADEMIC INFORMATION

Approximate high school grade point average _____ ACT/SAT score _____
 What is your major or area of academic interest? _____

STUDY HABITS

Do you spend a lot of time studying? yes no
 Do you need a quiet place to study? yes no

RECREATIONAL AND SPECIAL INTERESTS

Are you a participant in recreational activities? yes no In social activities? yes no
 Are you a spectator in recreational activities? yes no In social activities? yes no
 List your special interest and hobbies (in order) _____
 List your preferences in styles of music (in order) _____

PERSONAL HABITS

What time do you normally go to bed on weekdays? early late varied
 What time do you normally wake up on weekdays? early late varied
 How many hours of sleep do you require? _____ Do you need total quiet to go to sleep? yes no
 How important is a clean and tidy room to you? very somewhat not at all

IN THE SPACE BELOW, PLEASE GIVE A BRIEF DESCRIPTION OF THE TYPE OF ROOMMATE YOU WOULD LIKE TO HAVE:

Do you have someone in mind as a roommate? yes no If yes, who? _____

Note: This completed form along with your Non-Refundable Housing Deposit of \$100, your completed Health Care Provider Form, and your completed Student Health Information Form must be recieved before a room can be assigned to you.

Return to Kentucky Christian University, Admissions Office,
 100 Academic Parkway, Grayson, Kentucky 41143-2205

FOR OFFICE USE ONLY	
<input type="checkbox"/> Freshman	<input type="checkbox"/> Transfer