



Enrollment Form

Office Use: Start Date _____ Registration Fee Paid Cash ___ Check# _____ Date Paid _____

Please Print

Grade applying for _____ School Year **2010-2011** New Enrollment? __ Yes __ No K-4 __ Half-day __ Full-day
Kindergarten __ Half-day __ Full-day

Student Name _____ M F
Last First Middle Nickname

Address _____ Birth Date _____
Home Phone _____
City State Zip Area Code

Contact E-mail Address _____
(Up to two addresses)

Father / Step-Father / Guardian (Circle one)

Mr. Dr. Rev.

Full Name _____

Address _____
(If different)

Employer _____

Occupation/Title _____

Business Phone () _____

Cell Phone () _____

Home Phone () _____

Mother / Step-Mother / Guardian (Circle one)

Mrs. Ms. Dr. Miss

Full Name _____

Address _____
(If different)

Employer _____

Occupation/Title _____

Business Phone () _____

Cell Phone () _____

Home Phone () _____

Parent's marital status: __ Married __ Single __ Divorced __ Separated __ Remarried __ Mother Deceased __ Father Deceased

If parents are divorced or separated, who has legal custody of the student? _____

If divorced, should birth parent be placed on mailing list? __ Yes __ No If yes, indicate name and address below:

Name _____

Address/City/State/Zip _____

Bill To _____ Phone () _____

Address _____ Business Phone () _____

City State Zip
Cell Phone () _____



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E-Mail Address _____

Current School _____

Name

Address and Phone

Do you have any outstanding accounts at any other education institution? Yes No

Has the student been expelled or suspended from school? Yes No If yes, explain _____

Has the student repeated a grade? Yes No If yes, which grade? _____ Received Tutoring? Yes No

Experienced learning difficulties in reading? Yes No Math? Yes No Ever referred for testing? Yes No

When? _____ Type of testing _____ Was testing completed? Yes No
(Please attach test results)

Is student taking medication to improve his/her ability to function in the classroom? Yes No

Does student have any physical disabilities? Yes No If yes, explain: _____

Are there any unusual factors in the student's life, including serious illnesses, accidents, adoption, absence of parent(s), etc.? Yes No

If yes, explain: _____

Where did you hear about our school? _____

Name of family church _____

Address _____

Phone() _____ Pastor _____

Does your family regularly attend and support the church listed above? Yes No If no, please explain: _____

How long has your family been attending this church? _____ Does your child attend Sunday School? Yes No