



APPLICATION TO ATTEND

DATE OF APPLICATION: _____
 Please fill out a separate form for each child applying for admission.

APPLICANT INFORMATION			
Full Legal Name:			
(Last)		(First)	(Middle)
Grade Entering:	Gender:		SS:
Date of Birth (M/D/Y):	Age:	Years	Months
Place of Birth:	City	State	

PARENT/GUARDIAN INFORMATION			
Father/Guardian:		Home Phone:	
Work Phone:		Cell Phone:	
Occupation:		Church Membership:	
Home Address			
Street:	City:	State:	Zip:
Mailing Address			
P.O. Box	City:	State:	Zip:

Mother/Guardian:		Home Phone:	
Work Phone:		Cell Phone:	
Occupation:		Church Membership:	
Home Address			
Street:	City:	State:	Zip:
Mailing Address			
P.O. Box	City:	State:	Zip:

AGREEMENT: Please initial after each statement.	
I understand there is a registration fee and agree to pay it.	
I have completed and signed a medical emergency contact sheet for this student.	
I agree to see that this student's tuition is cared for monthly.	
I agree to cooperate with the school board and teacher by avoiding adverse criticism of any teach or school policies in the presence of students.	
I have read the school policy book and agree to support each regulation of the school, written or oral.	
I hereby authorize the school to send, upon request, the permanent records to the next school to which my child may re enroll with the understanding that they will not be forwarded until my account is paid in full.	

 Signature of parent or guardian | _____
 Date



EMERGENCY CONTACT SHEET

STUDENT'S FULL NAME: _____

DATE OF COMPLETION: _____

In case of an accident or serious illness and the school is unable to contact me, I hereby authorize the school to take my child to the physician, emergency room and/or to the relative or neighbor indicated below.

Signature of parent or guardian | Date

EMERGENCY CONTACT INFORMATION	
Doctor:	Phone:
Relative:	Phone:
Neighbor:	Phone: