



APPLICATION FOR ENROLLMENT

Directions: This application is to be completed and signed by both parents or guardian. The non-refundable Registration Fee must be submitted with this application.

Please list **all** school-age children living with the family who will be re-enrolling or initially applying.

Grade Entering		Name (First, Middle, Last)	Age	Birth Date	M/F

Student(s) live with: Both Parents Mother Father Guardian

Parent/Guardian Marital Status: Married Divorced Widowed Separated Single

Father _____					
Name	Street & Mailing Address (if different)				
City	State	Zip	Home Phone#	Cell Phone #	
Mother _____					
Name	Street & Mailing Address (if different)				
City	State	Zip	Home Phone#	Cell Phone #	
Guardian _____					
Name	Street & Mailing Address (if different)				
City	State	Zip	Home Phone#	Cell Phone #	

* For school mailings: If there is a joint custody agreement, please list the additional address under Guardian.

<u>Parent/Guardian Employment Information:</u>	
Father's Occupation: _____	Mother or Guardian Occupation: _____
Employer: _____	Employer: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

Church family attends _____ How long? _____ Phone _____
 How often do you attend? _____ Pastor's Name _____

School last attended, or currently attending, for each new student:			
1. _____	_____	_____	_____
School Name	Address	Phone #	Teacher's Name
2. _____	_____	_____	_____
School Name	Address	Phone #	Teacher's Name
3. _____	_____	_____	_____
School Name	Address	Phone #	Teacher's Name

Would you like your name, address, and phone number listed on a school car-pool list? Yes No
 May we publish your name, address and phone number in a school directory for parent and student access? Yes No

We have read, fully understand, and agree to abide by the Parent/Student/School Commitments, Tuition Payment Policies, as well as the Parent/Student Handbook.

 Father's/Guardian's Signature

 Date

 Mother's/Guardian's Signature

 Date

FOR STUDENTS ENTERING 5TH-8TH GRADES:

I have read, fully understand, and agree to abide by the Student Commitments and Parent/Student Handbook.

 Student Name (print)

 Signature

 Date

 Student Name (print)

 Signature

 Date

FOR OFFICE USE ONLY

Registration Fees Paid Yes No Applicant Questionnaire Parent Questionnaire
 Church Recommendation Form Teacher Recommendation Form Report Card Standardized Test
 Kindergarten Immunizations Yes No Kindergarten Birth Certificate Yes No
 1st Grade Health Exam Yes No Immunizations Completed Yes No
 Testing needed? Yes No Kindergarten Grade _____ Testing Fee Paid Yes No
 Testing Completed Yes No

Comments: _____

Total due in reg. fees: \$ _____ Total paid: \$ _____ Balance Due: \$ _____ Check # _____
 Interview date: _____ Time: _____ Interviewers: _____
 Accepted Denied Notes: _____

