

ENROLLMENT APPLICATION

Entering: K 1 2 3 4 5 6 7 8

For Office use only

Date received: _____

Registration Fee paid: _____

Tests: _____

Application: Accepted / Declined

Administrator: _____

Letter sent by _____ on

Request for Records mailed: _

STUDENT INFORMATION:

Student's Name: _____ Male / Female

Address: _____

City: _____ Zip code: _____

Phone: _____ Age: _____ Birthday: _____

(Please include a copy of your child's most recent report card or progress report and any standardized or readiness test results with this Enrollment Application . Thank You!)

FAMILY INFORMATION:

Father's / Guardian's Name: _____

Address (if different than student) _____

Natural Step-father (circle one) Living with child?

Occupation: _____ Wk. phone: _____

E-mail address: _____

Mother's / Guardian's Name: _____

Address (if different than student) _____

Natural Step-mother (circle one) Living with child?

Occupation: _____ Wk. phone: _____

E-mail address: _____

Names of siblings & ages: _____

Church you attend: _____

Please turn over and complete back side.