

# CROWN CHRISTIAN SCHOOL ENROLLMENT FORM 2012-2013

## General Student Information

Legal Name of Student: \_\_\_\_\_ M F

First Middle Last Preferred Name:

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade for 2011-12: \_\_\_\_\_

School District Student Resides In: \_\_\_\_\_

Ethnic Origin: White  Hispanic  African-American  Native American  Other

### Family Information

The student is living with:  Both Parents  Father only  Mother only

Father and Stepmother  Mother and Stepfather  Other (explain)

If divorced, who has legal custody of child:  Father  Mother  Joint

*Please be sure the school office has copies of court documents regarding custody issues, if applicable.*

Please state any further legal restrictions that concern this student: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

City, ST ZIP Code \_\_\_\_\_

Employer: \_\_\_\_\_

Member or  Attends

Church Name: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

City: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

City, ST ZIP Code \_\_\_\_\_

Employer: \_\_\_\_\_

Member or  Attends

Church Name: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

City: \_\_\_\_\_

### Siblings Information

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

*please continue on reverse side...*

### Alternative Emergency Contacts

Primary Emergency Contact:

( ) ( )  
Home Phone Work Phone

Address:  
City, ST ZIP Code

Secondary Emergency Contact:

( ) ( )  
Home Phone Work Phone

Address:  
City, ST ZIP Code

### Medical Information

Hospital/Clinic Preference:

Physician's Name

Phone Number

Allergies/Special Health Considerations - Please list significant allergies about which the school should be aware.

Foods:

Medications:

I authorize Crown Christian School staff to act in the event of an emergency situation and obtain medical care as is reasonably necessary.

Parent's/Guardian's Signature

Date

### Crown Christian School's Non-Discrimination Policy

Crown Christian School does not discriminate in any manner contrary to law or justice on the basis of race, color, gender, age, religion, disability or national origin in its admissions, educational programs or activities.

**If applying for Kindergarten...** (NOTE: applicants must be 5 years old by Sept. 1<sup>st</sup>)

Kindergarten Preference:  Three days per week, Mon, Wed & Fri  Five days per week

Do you give Crown Christian School permission to use your child's photograph in any publications, newsletters, Marketing Tools, Website, or other related school material? Circle: Yes No

### For Office Use

Registration Paid \_\_\_\_\_ Check No. \_\_\_\_\_ Date \_\_\_\_\_

Forms received:

- Immunizations  Request for textbooks  Request for Health Services  
 Transportation Pick-Up Form