

PRAISE CHRISTIAN SCHOOL REGISTRATION FORM

Student's Name _____
Last First Middle

Home Phone _____ Student lives with: Both _____ Mom _____ Dad _____

Address _____
Street City, State, Zip

Date of Birth _____ Male _____ Female _____

Grade for 200__-200__ _____ Social Security Number _____

Father's Name _____ Home Phone _____

Address _____
Street City, State, Zip

Father's Employment _____ Work Phone _____

E-Mail _____ Beeper/Cell phone _____

Mother's Name _____ Home Phone _____

Address _____
Street City, State, Zip

Mother's Employment _____ Work Phone _____

E-Mail _____ Beeper/Cell phone _____

Family's Church Affiliation _____

Pastor _____

I do{ } do not{ } give permission for our family's name, address, and phone number to appear in the school calendar.

NEW STUDENTS ONLY:

I hereby give permission for the records of my student to be released to Praise Christian School.

Student's Previous School _____ Phone _____

Address _____

City, State, Zip _____

Parent's Signature _____ Date _____

Who influenced you to come to Praise Christian School? _____