

APPLICATION FOR ADMISSION

Zion Christian School Year 20__

Date of Enrollment ___ / ___ / ___

A non-refundable \$150.00 registration fee must be included with each child's form.

Please fill in the following information:

Student's Name: _____, _____, _____, _____
Last First Middle Age

Present Address _____, _____, _____, _____
Street City State Zip Code

Date of Birth: ___ / ___ / ___ Boy ___ Girl ___ Home Phone: (____) - ____ - ____

Father's Name: _____

Place of work: _____
Work address

_____, _____, (____) - ____ - ____
Street City Work Phone

Mother's Name: _____

Place of work: _____
Work Address

_____, _____, (____) - ____ - ____
Street City Work Phone

Physician's: _____, (____) - ____ - ____
Name Phone

Address

Church Affiliation (if any): _____

List chronologically all schools applicant has attended (including kindergarten)

Date Grade School Address:

___ / ___ / ___ _____

___ / ___ / ___ _____

___ / ___ / ___ _____

___ / ___ / ___ _____

Has applicant repeated any grades? _____. If so, Which: _____

Medical problems or Allergies that the Church school needs to be aware of, No ___ Yes ___ (explain on back)

Do you give the Church School permission to give you child Non Aspirin or Stomach Antacid medication if necessary? Yes ___ No ___

If parent can not be reached, name other than parent in case of emergency:

Name: _____ Phone: (____) - ____ - _____

Relationship: _____

I have received the Zion Christian School Handbook, and will familiarize myself with it. I also understand that if I have had students in this school before, all outstanding bills are due and I will take care of said amounts, immediately.

Mother's Signature and Date

Father's Signature and Date

SSN: _____
(ID required)

SSN: _____
(ID required)

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