

OFFICE USE ONLY

Account No.

Entry Date ___ / ___ / ___

Student I.D. Number

STUDENT ENROLLMENT FORM

Date ___/___/20___

School Year 20___ - 20___

New Enrollment

Re-Enrollment

Student's Social Security # _____

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Entrance Test: Score _____%

Accepted:

Yes No Conditional

Homeroom: _____

Student's Name _____
Last First Middle

Grade to Enter _____

Mailing Address _____
Street City State Zip

Phone (____) _____ Sex M F Birth Date ___/___/___ Age _____

*Father's Name _____ Employer _____ Phone _____

*Mother's Name _____ Employer _____ Phone _____

*Step-Parent Name _____ (If Applicable)

If parents are separated or divorced,
with whom does the student live? _____

Have you ever been a student at East Dayton
Christian School? _____ When? _____

Circle grades previously attended: Pre-school K4 K5 1 2 3 4 5 6 7 8 9 10 11

School Attended Last Year _____

Address _____

Reason for Selecting East Dayton Christian School _____

School Recommended by _____

Church You Now Attend _____ Attend Sunday School? _____

EMERGENCY

Responsible Adult to Contact If Parents
Can't be Reached

Name _____

Phone _____

Physician _____

Phone _____

Physical Defects _____

Grades have been:

() Superior () Above Average

() Average () Below Average

Has student failed? _____

What grade? _____

East Dayton Christian School admits students of any race, color, national or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, or ethnic origin in the administration of the educational policies.

STATEMENT OF CO-OPERATION

In making application for my child it is my desire to have him complete the school year 20___ - 20___. It is also my understanding that the policy of the school is to make no refunds on registration fees. I also give permission for my child to take part in all school activities, including sports and school sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity.

Parent's Signature _____