

MILLENNIAL CHRISTIAN SCHOOL STUDENT ENROLLMENT FORM

FAMILY INFORMATION

Date: _____

(Please fill out both sides completely)

Father

Mother

Last First M

Last First M

(Please provide complete addresses for both father and mother if different. If the same, just write "same as above in the second set of spaces.)

Home Phone Father's Address

Home Phone Mother's Address

City State Zip

City State Zip

Employer

Employer

Occupation Work Phone

Occupation Work Phone

Cell Phone Date of Birth

Cell Phone Date of Birth

Social Security Number

Social Security Number

Driver's License Number

Driver's License Number

Please provide whichever we may use to contact you ___ Mom

Email Address _____

___ Dad

Email Address _____

Grandparent Information

The school would like to send notices to your child's grandparents about Grandparents' Day and other special events. Please include the name and addresses of the grandparents.

Name _____
Phone _____

Name _____
Phone _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Church Background Information

Church you now attend _____

Please circle the appropriate response for the questions below:

Marital Status: Single / Married

Religious affiliation:

- | | | | | |
|-------------------|----------------|------------------|-------------------|-----------------------|
| Assembly of God | Church of God | Church of Christ | Muslim | Pentecostal |
| Baptist | Congregational | Lutheran | Nazarene | Presbyterian |
| Catholic | Episcopal | Mormon | Jewish | Seventh Day Adventist |
| Christian Science | Hindu | Methodist | Nondenominational | |
| None | Other _____ | | | |

How often do you attend?

Weekly Monthly Occasionally Seldom Never **OVER**

STUDENT INFORMATION

Last First Middle Social Security Number

Date of Birth

Place of Birth

Gender: Male / Female

Re-enrollment Date ___/___/___ New enrollment date ___/___/___

FOR OFFICE USE ONLY

Race/Ethnicity: White/Caucasian Black/African American Asian Native American Hispanic

Application for (circle one)

Kindergarten 1st grade 2nd grade 3rd grade 4th grade
5th grade 6th grade 7th grade 8th grade 9th grade
10th grade 11th grade 12th grade

I am interested in information about your after-school program for my child/ren ___ Yes ___ No

School student last attended:

(Please provide the previous school's address):

Street City Zip School Phone #

If parents are separated, with whom does the child reside? ___ Father ___ Mother ___ Other (if other, enter the relationship to the child and please provide that person's address)

Name (relationship) Address

City Zip Contact #

EMERGENCY INFORMATION

IN AN EMERGENCY WHEN A PARENT CANNOT BE REACHED, PLEASE CONTACT:

Relationship Name Home Phone Work Phone

Please keep the daytime, home and emergency contact numbers for parents / guardians up to date.