



STUDENT 2021-2022

RE-ENROLLMENT FORM

OFFICE USE ONLY:
Scholarship:

SR __ ELC __ VPK __ SUFS __ MCKAY __ FES __ GARD. __

PLEASE PRINT CLEARLY

STUDENT INFORMATION

TODAY'S DATE: ____ / ____ / ____ ENTERING GRADE: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

MALE ____ FEMALE ____ SOCIAL SECURITY # ____ - ____ - ____ DATE OF BIRTH ____ / ____ / ____

HOME INFORMATION (WHERE STUDENT LIVES)

TITLE (CIRCLE): MR. MRS. MS. DR. REV.

RELATIONSHIP TO STUDENT (CIRCLE): MOTHER FATHER GUARDIAN

PARENT'S FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

OCCUPATION _____ EMPLOYER'S NAME _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____ CHURCH YOU ATTEND: _____

SPOUSE (LIVING AT THE ABOVE ADDRESS)

TITLE (CIRCLE): MR. MRS. MS. DR. REV.

RELATIONSHIP TO STUDENT (CIRCLE): MOTHER FATHER STEP-PARENT GUARDIAN

PARENT'S FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

OCCUPATION _____ EMPLOYER'S NAME _____

CELL PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____ CHURCH YOU ATTEND: _____

PARENT (NOT LIVING WITH STUDENT)

TITLE (CIRCLE): MR. MRS. MS. DR.

RELATIONSHIP TO STUDENT (CIRCLE): MOTHER FATHER GUARDIAN

PARENT'S FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

OCCUPATION _____ EMPLOYER'S NAME: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____ CHURCH YOU ATTEND: _____

EMERGENCY CONTACT INFORMATION

** PLEASE ALSO INCLUDE INDIVIDUALS AUTHORIZED TO PICK UP STUDENT FROM SCHOOL*

NAME: _____

RELATIONSHIP TO STUDENT: _____

PHONE NUMBER: _____

NAME: _____

RELATIONSHIP TO STUDENT: _____

PHONE NUMBER: _____

NAME: _____

RELATIONSHIP TO STUDENT: _____

PHONE NUMBER: _____

MEDICAL INFORMATION

DOCTOR'S NAME: _____ PHONE: _____

STUDENT ALLERGIES AND/OR MEDICAL CONDITIONS:

DOES YOUR CHILD TAKE ANY MEDICATIONS ON A REGULAR BASIS? YES NO

IF YES, PLEASE EXPLAIN:

I HAVE READ AND AGREE WITH THE SCHOOL'S STATEMENT OF FAITH. I WILL COOPERATE AND ENCOURAGE MY CHILD(REN) TO SUPPORT AND ABIDE BY THE RULES AND REGULATIONS OF HOREB CHRISTIAN SCHOOL. I HAVE RECEIVED A COPY OF THE STUDENT/PARENT HANDBOOK.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____