



NEW STUDENT REGISTRATION FORM

PLEASE PRINT CLEARLY

STUDENT INFORMATION

SCHOOL YEAR **2021-2022**

OFFICE USE ONLY:
Scholarship:

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

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. MISS. DR. REV.

MARITAL STATUS (CIRCLE): MARRIED SINGLE SEPARATED DIVORCED WIDOWER STEP-PARENT GUARDIAN

PARENT'S FIRST NAME: _____ LAST NAME: _____

RELATIONSHIP TO STUDENT _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

OCCUPATION: _____ EMPLOYER'S NAME: _____

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

EMAIL ADDRESS: _____ CHURCH YOU ATTEND: _____

WHO HAS LEGAL CUSTODY OF CHILD? _____ NOTE: LEGAL DOCUMENTATION MUST BE PROVIDED FOR A COURT-ORDERED CUSTODY

PARENT'S SPOUSE (LIVING AT THE ABOVE ADDRESS)

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

MARITAL STATUS (CIRCLE): MARRIED SINGLE SEPARATED DIVORCED WIDOWER STEP-PARENT GUARDIAN

PARENT'S FIRST NAME: _____ LAST NAME: _____

RELATIONSHIP TO STUDENT _____

OCCUPATION: _____ EMPLOYER'S NAME: _____

CELL PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____ CHURCH YOU ATTEND: _____

PARENT (NOT LIVING WITH STUDENT)

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

MARITAL STATUS (CIRCLE): MARRIED SINGLE SEPARATED DIVORCED WIDOWER STEP-PARENT GUARDIAN

PARENT'S FIRST NAME: _____ LAST NAME: _____

RELATIONSHIP TO STUDENT _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

OCCUPATION: _____ EMPLOYER'S NAME: _____

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

EMAIL ADDRESS: _____ CHURCH YOU ATTEND: _____

ADDITIONAL STUDENT INFORMATION

PLEASE LIST YOUR CHILD'S PREVIOUS SCHOOLS: _____

HAS THE STUDENT FAILED A GRADE? YES ___ NO ___ IF YES, WHICH GRADE(S)? _____

HAS THE STUDENT FAILED A SUBJECT? YES ___ NO ___ IF YES, WHICH SUBJECT(S)/GRADE(S)? _____

HAS THE STUDENT EVER BEEN DISMISSED FROM A SCHOOL? YES ___ NO ___ IF YES, PLEASE EXPLAIN _____

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: _____