

WEATHERFORD CHRISTIAN SCHOOL
ENROLLMENT APPLICATION
2011 ~ 2012

Office Use Only:

Teacher _____

Start Date _____

Child's Legal Name _____ Grade _____
Last **First** **Middle**

Address _____ Phone _____ City _____ Zip Code _____

Mailing Address (if different from above) _____

Sex _____ Age _____ Date of Birth ____/____/____ Social Security No. _____

Student's e-mail address: _____ Student's Cell Phone: _____

(Father or Legal Guardian)

(Mother or Legal Guardian)

Address _____

Address _____

Home Phone _____

Home Phone _____

Business Phone _____

Business Phone _____

Father's Occupation _____

Mother's Occupation _____

Father's Employer _____

Mother's Employer _____

Father's Cell Phone _____

Mother's Cell Phone _____

E-Mail address: _____

E-Mail address: _____

Church Affiliation: _____

Emergency Contact (other than parents) _____ Phone _____

Second Emergency Contact _____ Phone _____

Siblings:

Name _____ Age _____ School _____ Grade _____

Name _____ Age _____ School _____ Grade _____

Name _____ Age _____ School _____ Grade _____

I give permission for the following persons to pick my child up from school. I understand my child will not be released to anyone not on this pick-up list.

*It is the responsibility of the parent to inform the office of any additional names to be added to this list. If someone not on the list will be picking your child up, a note must be sent with your child that morning and/or call the office to inform us of any changes.

