

ENROLLMENT FORM

Date Completed ___/___/___

___ Re-enroll or ___ New Student

Student's Name _____
Last First Middle Called By

Mailing Address _____
Street City State ZIP

SSN: ___-___-___ Sex: M / F DOB: ___/___/___ Race: ___ U.S. Citizen: ___ Yes ___ No

Grade to Enter: _____ Full Day or ___ Half Day(Noon Pick-Up)

Father's Name _____ Mother's Name _____

Father's Employer _____ Mother's Employer _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Email Address(Father) _____

Email Address(Mother) _____

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

NOTE: PLEASE COMPLETE INFORMATION ON REVERSE SIDE

Emergency Contact _____ Phone _____

Child's Physician _____ Phone _____

Medical Conditions _____

School Attended Last Year _____

Reason for selecting Washington County Christian School _____

School Recommended by _____

Has this student ever been a student at Washington County Christian School? ___ Yes ___ No

List grades previously attended at WCCS. _____ When? _____

Give names of members of student's immediate family who have attended WCCS. _____

Church You Now Attend _____

Attend Sunday School? ___ Yes ___ No
Name Street City State ZIP

In making application for my child, I 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 or transfers on registration fees or the first tuition payment. I also give permission for my child to take part in all activities, including recreational activities, bus trips, sports activities on the premises of Washington County Christian School, and school-sponsored trips away from the school premises. I indemnify and save Washington County Christian School, Inc., its employees, and agents harmless from any liability or medical payments resulting from my child's participating in school activity.

Date _____ Parent's Signature _____

Mother

Father