

## Student Enrollment Information Sheet

Child's First Name \_\_\_\_\_

Child's Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell or other emergency contact phone number \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother First Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Child's Birth Date \_\_\_\_\_

Church where Baptized \_\_\_\_\_ Date of Baptism \_\_\_\_\_

***Please attach copy of certificate***

School District \_\_\_\_\_ Grade Level \_\_\_\_\_

School \_\_\_\_\_

Siblings \_\_\_\_\_ Age \_\_\_\_\_

Siblings \_\_\_\_\_ Age \_\_\_\_\_

Siblings \_\_\_\_\_ Age \_\_\_\_\_

Special Health Concerns \_\_\_\_\_

\_\_\_\_\_

Special Educational Needs \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_