

GRACE CHRISTIAN ACADEMY

REGISTRATION

FAMILY INFORMATION

Parents or guardians with whom child resides:

Address _____ City _____ State _____ Zip _____

Father's name _____ Mother's name _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Business phone _____ Business phone _____

Cell phone _____ Cell phone _____

Email _____ Email _____

Social Security # _____ Social Security # _____

Marital Status: Married ___ Widower ___ Separated ___ Divorced ___ Remarried ___

Child Lives With: Both Parents ___ Father ___ Mother ___ Grandparents ___ Guardians ___

EMERGENCY CONTACT

In case of an emergency in which you cannot be reached, who should be contacted?

Name _____ Phone _____

Address _____ Relationship? _____

STUDENT INFORMATION

Child's Full Name _____ Cell phone _____

Date of Birth (Month/Day/Year) _____ Age _____ Gender: M ___ F ___

Present Grade (or grade just completed) _____ Applying for grade _____

School last or presently attending _____

Special needs _____

Child's Full Name _____ Cell phone _____

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