

EMERGENCY AND PICK UP PERMISSION LIST

Persons, in order, to contact in case of an emergency, if parents/guardians cannot be reached.

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

Persons with permission to pick up my child (not already listed): _____

Any special conditions, allergies, medications, or learning disabilities: _____

SCHOOL RECORDS

New Students Only

Last school attended: _____ Phone: _____

Address: _____
Number & Street City State Zip

Reason for changing schools: _____

Grades: Excellent ____ Above Average ____ Average ____ Below Average ____ Poor ____

Has your student ever failed a grade? _____ If yes, which grade(s)? _____

Is your student in any remedial classes, or do they have an I.E.D. plan? (circle one) YES or NO

Has your student ever been suspended, dismissed, or expelled from school? (circle one) YES or NO

If yes, please explain, giving the school's name and dates. _____

SPIRITUAL AND MORAL INFORMATION

New Students Only, or if changed

Have you read the "Statement of Faith"? Students ____ Parents ____

Have you placed your trust in Jesus Christ alone for your salvation? Students ____ Parents ____

Has your student ever used: Alcohol: ____ Tobacco: ____ Drugs: ____

Church Attending: _____ Pastor: _____

Are you a member? _____ Phone: _____

Father's Signature

Date

Mother's Signature

Date