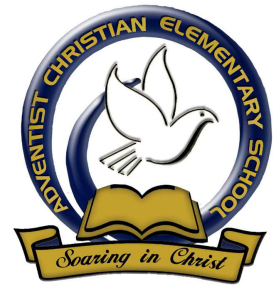


Adventist Christian Elementary School



Registration Form

Name of Student _____

Date of Birth _____

Age Student will be as of September 1, 20____: _____ *(Copies of Birth Certificate will be needed for registration)*

Name of school last attended _____

Address of school last attended _____

Name of Mother _____

Name of Father _____

Are there any siblings attending the school? YES / NO If YES, what grade (s)? _____

Home Address _____

City _____ Postal Code _____

Home Contact Number _____ Email _____

Father's Work Number _____ Father's Cellular Phone _____

Father's Email Address _____

Father's Occupation _____

Mother's Work Number _____ Mother's Cellular Phone _____

Mother's Email Address _____

Mother's Occupation _____

Church Affiliation _____

Emergency Contact: _____ Relationship to student _____

Emergency Contact Phone Number _____ Cell Phone _____

Is English your child's first language? _____

Primary language spoken at home? _____

I verify that the above information is true and accurate as of this date.

Legal Guardian Signature

Date

* Please note this is only a PRE-registration form. Additional information will be needed before your child starts school in September.