

**Deer Creek Christian School
Registration For Enrollment
2010-2011**

Student name: _____ **Race:** _____

Age (as of 9/1/10): _____ **Birth date:** _____ **Sex:** _____ **Entering Grade:** _____

Home address: _____

Telephones:

Home: _____ **Cell Phone#** _____

Father's work #: _____ **Mother's work #:** _____

(Occupation: _____) (Occupation: _____)

E-Mail Address: _____

(This is our primary means of communication)

Please list the names of parents/guardians legally responsible for the child and living in the home:

Father's name: _____
Last First

Mother's name: _____
Last First

If applicable: Parent not living with child but retaining legal rights or responsibilities:

Name: _____ **Phone (H):** _____ **(W):** _____

Mailing address: _____

Emergency contact (other than parent) and relationship to student:

Name: _____ **R:** _____ **Phone:** _____

Name: _____ **R:** _____ **Phone:** _____

Names of adults authorized to pick-up student:

Name: _____ **R:** _____ **Phone:** _____

Name: _____ **R:** _____ **Phone:** _____

(over)

Immunization records and current physical:

_____ **On file in office** _____ **Enclosed** _____ **To be delivered**

Allergies or special medical concerns: _____

School District Name Where You Live: _____

Church Affiliation: _____

Pastor or Minister: _____

Church Phone Number: _____

Referred to DCCS by: _____

Siblings that attend DCCS:

Name _____ **Grade** _____

Name _____ **Grade** _____

Name _____ **Grade** _____

Changes have been made to this application from last year: YES _____ NO _____

Parent Signature Regarding Changes: _____