Registration for Additional Children:

Date: _____ Grade Entering: _____

Student's Name_____
Last First Middle

Birthdate_____ SS#_____ Race_____ Sex_____ Age_____

**Please attach a copy of social security card for each child enrolled.

List all schools student attended, present school at top:

Dates Grades Enrolled School Mailing Address

_____

_____

_____

Has this student ever been suspended or expelled from a school? _____

If yes, please provide more information: _____

Has this student ever failed a grade? _____ If Yes, please explain. _____

Describe any physical disabilities (epilepsy, asthma, hemophilia, heart condition, hearing, eyesight, speech, nervous condition, etc.) or other mental or physical limitations.

_____

_____

Provide any additional information that may help us work more efficiently with the student, including hobbies, special interests, sports participation or interests, etc

Does the student attend church?_____ Sunday school?_____ Where?_____

Is student a Christian? YES____ NO____ If so, for how long? _____