

Evangel Christian School
1277 Jubilee Drive
Saraland, AL 36571

Registration Application for Enrollment

Attention: Evangel Christian School reserves the right to dismiss any child from school should false information be given or important information withheld from this application.

Today's Date _____ School Year--**SUMMER** School Grade to enter _____

Student's Name _____
Last First Middle

Home Mailing Address _____
PO Box/House Number and Street City Zip Code

Age ___ Date of Birth _____ Sex ___ Race ___ Social Security Number ___ (Provide Card) _____

Home Phone _____ Mom Cell _____ Dad Cell _____

Email Address(es) _____

Father's Name _____ Mother's Name _____

Employer _____ Employer _____

Phone _____ Ext. _____ Phone _____ Ext. _____

Marital Status _____ Marital Status _____

If parents are divorced or separated, with whom does the child live? _____

Does either parent **NOT** have legal rights of visitation, which would hinder his/her ability to pick the child up from school? ___ Yes ___ No If yes, please explain limitations _____

Legal Guardian (if different from parents) _____

Employer _____ Phone _____ Cellular Phone _____

List others who may be contacted in the event of emergency when parent cannot be reached. These individuals should also have permission to pick your child up from school.

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cellular/Pager _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cellular/Pager _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cellular/Pager _____

(continued on reverse side)

Other schools/daycares attended _____

Has student repeated any grade? ____ Yes ____ No If yes, what grade(s) _____

Are there any learning difficulties known or suspected? ____ Yes ____ No If yes, please explain _____

Has student been suspended from any school or asked to withdraw/leave from any school/daycare for **ANY** reason? ____ Yes ____ No If yes, please explain _____

How did you learn of our school? _____

What church does your family attend? _____

Do you attend on a regular basis? ____ Yes ____ No

Child's Physician _____ Phone _____

Address _____ Chart # _____

Does the child have any physical limitations or medical conditions, including allergies, of any nature? ____ Yes ____ No If yes, please explain _____

Insurance Company _____ Policy Number _____

MEDICAL RELEASE

I understand that in the event of a medical emergency and the school is unable to contact me or the emergency contacts listed on this form, without liability to the church/school, the doctor named on this form as being the child's physician or the doctor most readily available will be called. In the event hospitalization is considered necessary, the hospital most easily accessible will be used. I understand that every effort will be made to contact me before this authority is used by the church/school.

Parent/Legal Guardian Signature _____

NO MEDICATION OR MEDICAL TREATMENT WILL BE ADMINISTERED WITHOUT A SIGNATURE ABOVE.

STATEMENT OF COOPERATION

In making application for my child to attend Evangel Christian School, it is my desire to have him/her complete the entire school year. I understand there are no refunds on registration fees unless the child is not accepted for enrollment or moves outside the county of Mobile. I, and my child, shall abide by the disciplinary policies and regulations as set forth by the administration. **I HEREBY RELEASE EVANGEL CHRISTIAN SCHOOL/ FOUNTAIN OF LIFE CHURCH OF THE ASSEMBLIES OF GOD AND ITS OFFICIALS/ ADMINISTRATORS FROM ALL LIABILITY AT SCHOOL OR AWAY ON SCHOOL SPONSORED ACTIVITIES.**

Parent's Signature _____ Date _____
(or legal guardian)

Evangel Christian School does not discriminate on the basis of race, color, or national origin.

Please list any additional information not covered on this form of which you feel we should be aware.

