

School Year: 2010 – 2011

Trinity Christian School Student Registration Form

For Office Use Only:	
_____	Reg. Fee
_____	Im. Form
_____	C.S.E. Form
_____	Disenroll Form
_____	Cum. Folder
_____	Trans. Rec. Form
_____	Rec. Rec'd

Student's Name: _____
Last First Middle Preferred Name

Street: _____ P.O. Box: _____

City: _____ Zip Code: _____ Home Phone: _____

Birth Date: _____ Male: _____ Female: _____ Age: _____

New Enrollment: _____ Re-enrollment: _____ Grade entering next fall: _____

Best email address to receive school announcements: _____

Father's Name: _____ cell phone: _____

Employer: _____ work phone: _____

Mother's Name: _____ cell phone: _____

Employer: _____ work phone: _____

If parents are separated or divorced, with whom does the child live? _____ Name and grade of siblings currently enrolled at TCS:

Name: _____ Grade: _____

Name and address of person responsible for school financial obligation if different from the person with whom the child is living: _____ Grade: _____

_____ Grade: _____

Emergency Information: Responsible adults to contact if parent/guardian cannot be reached:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Child's Physician: _____ Phone #: _____

Physical Defects: _____

Diseases or other health problems: _____

Please note specific allergies your child has: _____

This section is not optional. Please fill it out completely.

Father: _____ ***Mother:*** _____

Do you attend church? Yes No Yes No

Are you a member? Yes No Yes No

Name of Church: _____

Name of Pastor: _____

Church Phone Number: _____

Consent for Medical Treatment: In the event that my child becomes ill or is injured while under school supervision, I approve the school authorities to take the following steps:

1. Contact a parent or legal guardian of the student and follow his/her instructions.
2. In the event neither parent nor legal guardian can be reached immediately, the school authorities are hereby authorized to use their best judgment in contacting a properly licensed physician or transporting my child by school provided transportation or, if school officials deem wise, by ambulance, to the nearest hospital for consultation and/or treatment.

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint and empower the Administration to furnish on my behalf such written or oral authorization as so may be required. Furthermore, I release the Administration, Trinity Christian School and Trinity Presbyterian Church from any liability which may arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises.

Date: _____ Signature of Parents/Guardian: _____