



**OPEN DOOR**  
CHRISTIAN SCHOOL

**2021-2022**

All blocks on all pages MUST be completed

Student's <b>LEGAL</b> Name (Last)				(First)	(Middle)
Name student goes by					
Birth date		Grade Entering		M/F	Age
Mailing Address				City, State, Zip	
Physical Address				City, State, Zip	

**FATHER'S INFORMATION** (must be listed on birth certificate or court documentation)

Father/Legal Guardian		
Mailing Address		
Employer		Position
Email		
Home #	Work #	Cell #

**MOTHER'S INFORMATION** (must be listed on birth certificate or court documentation)

Mother/Legal Guardian		
Mailing Address		
Employer		Position
Email		
Home #	Work #	Cell #

**OTHER LEGAL GUARDIAN INFORMATION** (i.e. step-parent)

Other legal guardian's name		
Relationship to student		
Mailing Address		
Employer		Position
Email		
Home #	Work #	Cell #

With whom does child reside?
Is there a custody/court order?* Y / N

\*We REQUIRE a copy of court/custody orders.

## MEDICAL INFORMATION

Is your child now, or has your child ever been, receiving/received the care of special services?  
If so, please explain when and where.

- ☐ Speech therapist \_\_\_\_\_
- ☐ Social worker \_\_\_\_\_
- ☐ Psychologist/Psychiatrist/Counselor \_\_\_\_\_
- ☐ Special programs at any school \_\_\_\_\_
- ☐ Tested for learning disabilities \_\_\_\_\_
- ☐ Other \_\_\_\_\_

Does your child have any special considerations or medical alerts? If so, please explain

- ☐ ADD/ADHD \_\_\_\_\_
- ☐ Vision/hearing impairment \_\_\_\_\_
- ☐ Fears \_\_\_\_\_
- ☐ Allergies \_\_\_\_\_
- ☐ Heart condition \_\_\_\_\_
- ☐ Asthma \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- ☐ Please list any physical and/or behavioral problems of which we should be aware.

## STATEMENT OF HEALTH

***Immunization record and birth certificate must be on file before your child can be officially enrolled.*** My child is physically and mentally able to participate in group activities. My child is participating in an on-going health supervision program with annual evaluations and scheduled immunizations.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

## EMERGENCY INFORMATION

In case of an emergency, this is to certify that I give permission to Open Door Christian School to take my child to the nearest emergency room or to call 911 for an ambulance. I further give my consent for any and all necessary treatment when my child is in the care of the physician and/or hospital/clinic at the parent/guardian's expense.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Physician's Name/Clinic \_\_\_\_\_

Physician Phone # \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_

Insurance Phone # \_\_\_\_\_

If **NOT** insured, please indicate with your initials here

**FIELD  
TRIPS**

I give permission for my child to participate in and be transported to contests, field trips, and sites for other school sponsored activities by bus or school vehicle driven by a licensed operator. I understand that the vehicle must be covered by insurance.

Parent/Guardian Printed Name

Parent Signature

Date

**CORPORAL  
PUNISHMENT**

Please **SIGN** one option below:

\_\_\_\_\_ If the need arises, I **do not** want my child to be disciplined with corporal punishment. I understand I will be required to pick my child up if such an incident occurs.

\_\_\_\_\_ If the need arises, I give permission to the school administration to discipline my child with corporal punishment.

**EMERGENCY  
CONTACTS**

In the event your child becomes ill or injured and we cannot reach you at the numbers provided, we need the contact information of at least **two** people that are **not** the parent/guardians.

Contact 1	Relationship to student:	
Home #	Work #	Cell #
Contact 2	Relationship to student:	
Home #	Work #	Cell #
Contact 3	Relationship to student:	
Home #	Work #	Cell #
Contact 4	Relationship to student:	
Home #	Work #	Cell #

**EDUCATIONAL  
INFORMATION**

List all schools your child has attended in the last three years:

SCHOOL

ADDRESS

YEAR

GRADE


Has your child ever been

- ☐ Retained/held back? \_\_\_\_\_
- ☐ Expelled or suspended? \_\_\_\_\_
- ☐ Asked to withdraw and not return? \_\_\_\_\_
- ☐ Denied admission to a school? \_\_\_\_\_
- ☐ In 'In School Suspension' when leaving last school? \_\_\_\_\_
- ☐ Other \_\_\_\_\_

## SPIRITUAL INFORMATION

What church does your family attend?

Why do you want your child to attend a Christian school?

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## MEDIA RELEASE

Please check one of the following choices:

- ☐ I **GRANT** permission for my child's photo and/or name to be used in social media, local new paper, website, and other promotion materials.
- ☐ I **DO NOT GRANT** permission for my child's photo and/or name to be used in social media, local new paper, website, and other promotion materials.

Parent/Guardian Printed Name

Parent Signature

Date

## FINANCIAL

Please indicate your preferred payment schedule by initialing one option below: \*

\_\_\_\_\_ Option 1: I prefer to pay in 12 monthly installments beginning June 5<sup>th</sup> and continuing to May 5<sup>th</sup>.  
\* Not available after June

\_\_\_\_\_ Option 2: I prefer to pay in 10 monthly installments beginning August 5<sup>th</sup> and continuing to May 5<sup>th</sup>.

\_\_\_\_\_ Option 3: I prefer to pay the entire amount by June 5<sup>th</sup>.

\_\_\_\_\_ Option 4: I prefer to pay half by June 5<sup>th</sup> and half by December 5<sup>th</sup>.

\_\_\_\_\_ Option 5: I have enrolled after 1 October. I will continue the remainder of the school year with the 10 month payment plan.

\*Draft forms are available, please ask the office.