**Open Door Christian School**

STUDENT &

FAMILY

INFORMATION

 **2019-2020 Student Registration**

All blocks on all pages MUST be completed

Student’s **LEGAL** 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

Home # Work # Cell #

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

Mother/Legal Guardian

Mailing Address

Employer Position

Home # Work # Cell #

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

Other legal guardian’s name

Relationship to student

Mailing Address

Employer Position

Home # Work # Cell #

With whom does child reside?

Is there a custody/court order?\* Y/N

\* Please note: we require a copy of the court/custody documents to follow the orders.

MEDICAL INFORMATION

Student’s Name: (Last) (First) (Middle)

Is your child now, or has your child ever been, under the care of special services such as a speech therapist, social worker, psychologist, psychiatrist, professional counselor, etc.? Y/N If so, explain when and where.

Please list special considerations such as: ADD/ADHD, Dyslexia, need for frequent bathroom breaks, vision/hearing impairment, fears, migraines, etc.

Please list medical alerts such as allergies, asthma, heart condition, etc.

Has your child ever been enrolled in special programs/education at any school? Y/N

Has your child been testing for any learning problems? Y/N

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.

EMERGENCY INFORMATION

Parent Signature Date

Physician’s Name/Clinic Phone #

Insurance Carrier Policy # Provider Phone #

If not insured, please indicate with your initials here

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. Please list any physical and/or behavioral problems of which we

 should be aware.

Parent/Guardian Signature Date

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

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Has your child ever been tested for learning disabilities? Y/N If so, date tested?

Has your child ever been retained? Y/N If so, what grade level?

Has your child ever been expelled or suspended from school? Y/N If so, when?

Has your child ever been asked to withdraw from school or not return? Y/N If so, when?

Has your child ever been denied admission to a school? Y/N If so, when?

Was your child in ‘In School Suspension’ when leaving their last school? Y/N

POLICY

ACKNOWLEDGMENTS

I have read Open Door Christian School’s Student Handbook and Statement of Beliefs (available at www.opendoorgrahm.com) and agree to abide by rules and regulations as stated.

Student Printed Name/Signature

Parent/Guardian Printed Name

Parent Signature Date

SPIRITUAL INFORMATION

What church does your family attend?

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

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MISCELLANEOUS

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 5th and continuing to May 5th.

\* Not available after June

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

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

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

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

10 month payment plan.

Please remember: fees are not included in monthly payments but are due by August 5th and December 5th. Testing fees for 2nd-6th grades are due March 5th.

\*\*\*\*Draft forms are available. Please stop by the office for necessary form.