

Milford Christian School

ENROLLMENT APPLICATION

Student's Name: _____

Last

First

Middle

Gender: Male Female

Nickname: _____ Birth Date: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Church Affiliation: _____

Classroom Placement: _____ Choose enrolling grade from the drop-down menu

Are you interested in van service? Yes _____ No _____

(Must be 6 yrs. old and weigh 70 lbs. - only available in some areas)

Father's Full Name: _____ Cell: _____

Place of employment: _____ Work: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mother's Full Name: _____ Cell: _____

Place of employment: _____ Work: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contacts in Case of Emergency: (List two additional contacts)

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

Physician: _____ Phone: _____

I request the enrollment of the child listed above as a student in the Milford Christian School beginning: Date: _____.

I understand that the policies of the school require obedience and the proper discipline required to accomplish the goals necessary to obtain a quality Christian education. Furthermore, I will comply with the recommendations of the school regarding any violations of school policies concerning the child I am enrolling.

I understand that continued enrollment in Milford Christian School is subject to the child's performance of normal academic requirements, application of study, and satisfactory conduct. Continued enrollment is conditional upon all payments of monies due on time, and as agreed between Milford Christian School and myself.

All documents showing evidence of age, medical records and vaccinations will be furnished upon enrollment.

I attest that all above information is accurate and true.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____