



CORNERSTONE CHRISTIAN SCHOOL

Student Enrollment Form

Grade Entering _____ Date Enrolled _____

Name of Student _____
First Last Middle Nickname

Date of Birth _____
Month Day Year of Birth Current Age

Place of Birth _____ Sex: _____

Birth Certificate Issued at _____

| | | | | | | | | |
|---------|-----------|-------|--------|--------|----------|-----------|-----------|------------|
| Father | | | | | | | | |
| Parents | Last Name | First | Middle | Living | Divorced | Separated | Remarried | Occupation |
| Mother | | | | | | | | |

Home Address _____ Phone: _____

If Living With Guardian: Name: _____ Phone: _____
 Address _____

Name of Family Doctor: _____ Phone: _____

Office Address: _____

In Case of Emergency Contact: Individual: _____ Phone: _____

Indicate Significant Medical Information Concerning Student: _____

Baptized Member of SDA Church Father Mother Student

Number of Years Spent in: Church School Public School Total

Last School Attended _____ Date _____

Address: _____

Is there an unpaid bill at previously attended school? _____ Amount: _____

Name and Address of One Responsible for Financial Arrangements:

