



A ministry of FourteenSix Christian Church

2018-2019 REGISTRATION FORM

Grade entering 2018-2019 (circle one) K 1 2 3 4 5 6 7 8

Returning Student New Enrollment

STUDENT INFORMATION

First Name:		Last Name:		Middle Initial:
DOB (MM/DD/YY):	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone:	
Address:				
City:		State:	Zip:	

FAMILY INFORMATION

Mother

First Name:		Last Name:		Middle Initial:
Primary Phone:	Work Phone:	Email:		
Address:				
City:		State:	Zip:	

Employer/Occupation:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single
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Father/Legal Guardian

First Name:		Last Name:		Middle Initial:
Primary Phone:	Work Phone:	Email:		
Address:				
City:		State:	Zip:	

Employer/Occupation:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single
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Legal Custody (if applicable)

If parents are divorced or separated, who has legal custody of the student?

Sibling Information

Name	DOB	Grade	School

