

TRINITY CHRISTIAN SCHOOL

Date: _____

New Enrollment: _____

Re-Enrollment: _____

Grade (2015-16): _____

PS # of days: _____

REGISTRATION FORM 2015 - 2016

1

STUDENT INFORMATION

Student name _____ Home Phone _____

Address _____ City _____ ZIP _____ - _____

Student's date of birth _____ (include extra 4 digits)

2

FAMILY INFORMATION

Mother: _____ Work Phone: _____

Mother's Cell Phone _____ E-Mail: _____

Occupation: _____ Employer: _____

Father: _____ Work Phone: _____

Father's Cell Phone _____ E-Mail: _____

Occupation: _____ Employer: _____

Adults living in the home other than parents:

Adults to call in case of an emergency and authorized to take child from school:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

(Written permission of parent required before child will be released to any other person.)

Persons **NOT ALLOWED** to take child from school:

Name: _____ Relationship: _____ Restraining Order on File?:

Name: _____ Relationship: _____ Restraining Order on File?:

Names and Ages of Siblings:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

3

ADDITIONAL INFORMATION:

School last attended: _____ Address: _____

Name of church your family attends: _____

Pastor's name:

YES - Please print my name, student's name, address, and phone number in the directory.

NO - Please DO NOT include our family in the school directory.

The TCS directory is not to be used to solicit business however, we do print parent business cards as a courtesy on the inside pages free of charge. Please attach your card to the registration packet.



4

EMERGENCY AND MEDICAL INFORMATION FOR: _____
(name of student)

5

MEDICAL INFORMATION:

Name of doctor: _____ Phone: _____

Does student have? Allergies Asthma Bee Sting Sensitivity Convulsions Heart Disease
Kidney Disease Tubes in the Ears

Please describe specific allergies, physical limitations, special health concerns or medications required:

Date of last physical examination by a doctor:

Has student been tested for : Hearing Eyes Speech

In order for any medications (prescription or non-prescription) to be given at school, parents must sign a "Medications at School" form to be kept on file. ALL medications must be kept in the office.

Is there any reason why the student cannot participate in a full physical education program? _____
If yes, please explain:

MEDICAL INSURANCE INFORMATION:

Medical Insurance Carrier: _____

Medical Insurance Policy Number: _____

We carry no medical insurance at this time

CONSENT FOR MEDICAL TREATMENT:

As the parent, agency representative or legal guardian, I hereby give consent to Trinity Christian School to provide all emergency dental or medical care prescribed by a duly licensed physician (MD) or dentist (DDS) for my child. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. This authorization is given pursuant to the provisions of Section 25:8 of the Civil Code of California.

Date: _____ Signed: (Father) _____
(Mother) _____
(Legal Guardian) _____

(Registration Form Revised 2015)

