

Teacher Request _____
(Not guaranteed)

Office Use Only

_____ Birth Cert.
_____ Immunization
_____ K5 Physical
_____ SS# Card

TEMPLE CHRISTIAN SCHOOL
P.O. Box 970
Madison Heights, VA 24572

K3 – 8th GRADE APPLICATION FOR ENROLLMENT

Grade to Enter: _____ K3/K4 Full Day _____ Half Day _____

Student's Name _____ Child goes by: _____
Last First Middle

Home Address _____
Street City State Zip

Home Phone _____ Date of Birth _____ Gender _____

Father's Name & Address _____

Father's Employer & Address _____

Father's Work Phone _____ Cell Phone _____ Email _____

Mother's Name & Address _____

Mother's Employer & Address _____

Mother's Work Phone _____ Cell Phone _____ Email _____

Child resides with: Both Parents _____ Father _____ Mother _____ Grandparent _____ Guardian _____

If No, please indicate: Divorced _____ Separated _____ Deceased _____ Other _____

Guardian's Name & Address _____

Guardian's Employer & Address _____

Does your child have a current IEP? _____ If so, please submit a copy.

Religion: Father _____ Mother _____ Child _____

Church Attending _____ Pastor _____

Other Children's Names	Age	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Please see reverse side.**

Other Information

Physician: _____ Phone: _____

Insurance Company _____ Policy # _____

Emergency Contacts (If parent or guardian is not available):

Name _____ Relation _____

Home Phone _____ Cell # _____ Work # _____

Name _____ Relation _____

Home Phone _____ Cell # _____ Work # _____

List known allergies, food restrictions, physical, emotional, or behavioral disorders, and regularly administered medications:

Other information you think we should know:

**** If we can count on you to be a volunteer for the school, please check here _____**