

Providence Christian School NW

Returning Student Registration 2019-2020

Student Name: _____

Entering Grade: _____ M/F _____ Age _____ Birthdate ____/____/____

Birthplace: City _____ State _____ Country _____

Parent's Names: _____ and _____

Mailing Address: _____

Street Address: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Parent Email: _____ Home Phone: _____

Student Email: _____

Church Affiliation: _____

Emergency Contact:

1.Name: _____ Relationship _____ Phone: _____

2.Name: _____ Relationship _____ Phone: _____

The following people(person) has my permission to pick my child up from school:

1.Name: _____ Relationship _____ Phone: _____

2.Name: _____ Relationship _____ Phone: _____

Immunization records submitted? Yes/No

Primary Language spoken at home _____

Ethnic background: Asian Or Pacific Islander Black Or African-American
 Hispanic, Chicano, or Latino American Indian/Alaskan Eskimo White/Caucasian

Are there any dietary restrictions for your child? YES NO If yes, please explain.

Is there any new information that we need to know or be aware of for the upcoming school year?

Parent/Guardian Signature

Date

Providence Christian School NW admits students of any race, color, National and ethnic origin to all the rights, privileges, programs, and activities general accorded or made available to students at the School. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, scholarship and loan programs, and athletics and other school-administered programs.