



STUDENT REGISTRATION FORM

2019-2020

ALERT FLAG: MEDICAL LEGAL

DO NOT WRITE IN THE SHADED AREAS – FOR OFFICE USE ONLY			
DATE 2019-2020	DATES-- Entry: _____ Records Req: _____ Records Rec: _____	FORMS-- <input type="checkbox"/> Annual Emergency Medical Form <input type="checkbox"/> Media & Internet Permission <input type="checkbox"/> Pastoral Reference	<input type="checkbox"/> Immunizations <input type="checkbox"/> Contract of Payment <input type="checkbox"/> Statement of Cooperation <input type="checkbox"/> Release of Liability <input type="checkbox"/> Handbook Signature

STUDENT INFORMATION:

LEGAL LAST NAME	LEGAL FIRST NAME	MIDDLE NAME					
<input type="checkbox"/> NO <input type="checkbox"/> YES							
GENDER (M/F)	BIRTHDATE (Month/Day/Year)	Age	REPEAT/SKIP A GRADE?	GRADE	BIRTHPLACE: City	State	Country
MAILING ADDRESS				CITY	WA	ZIP	
STREET ADDRESS, IF DIFFERENT FROM MAILING ADDRESS				CITY	WA	ZIP	

FAMILY INFORMATION

STUDENT LIVES WITH:

- Both Parents
 Father Only
 Mother Only
 Father/Stepmother
 Joint Custody
 Grandparent(s)
 Legal Guardian
 Mother/Stepfather

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? YES NO COPY ATTACHED

IS THERE A RESTRAINING OR PROTECTION ORDER IN EFFECT? YES NO COPY ATTACHED

Order Against: Father Mother Other _____

If yes to any of these questions, plan/legal document/copy must be on file with the school. Please inform the school if/when this situation changes

PRIMARY HOUSEHOLD: PARENT/ GUARDIAN #1

ADDRESS IS DIFFERENT THAN CHILD'S, LISTED ON ATTACHED FORM

LAST NAME _____ FIRST NAME _____ RELATIONSHIP TO STUDENT _____
 CELL PHONE: (____) _____ HOME PHONE: (____) _____ EMAIL: _____
 OCCUPATION _____ EMPLOYER _____ WORK PHONE (____) _____

PRIMARY HOUSEHOLD: PARENT/ GUARDIAN #2

LAST NAME _____ FIRST NAME _____ RELATIONSHIP TO STUDENT _____
 CELL PHONE: (____) _____ HOME PHONE: (____) _____ EMAIL: _____
 OCCUPATION _____ EMPLOYER _____ WORK PHONE (____) _____

IS THERE A SECOND HOUSEHOLD PARENT/GUARDIAN THAT WE SHOULD KNOW ABOUT? YES NO IF YES, PLEASE WRITE INFORMATION ON BACKSIDE OF PAPER.

Emergency Contacts

NAME _____ RELATIONSHIP _____ PHONE NUMBER (____) _____

NAME _____ RELATIONSHIP _____ PHONE NUMBER (____) _____

The Following people have my permission to pick up my child from school:

NAME _____ RELATIONSHIP _____ PHONE NUMBER (____) _____

NAME _____ RELATIONSHIP _____ PHONE NUMBER (____) _____

NAME _____ RELATIONSHIP _____ PHONE NUMBER (____) _____



STUDENT REGISTRATION FORM

STUDENT PERSONAL INFORMATION

STUDENT NAME: _____

Schools previously attended *Begin with most recent*

School Name	Phone Number	Grade	Year

Indicate if Homeschool

How many days was your child absent last year? _____ Tardy? _____

Please submit copies of your child's most recent year's report cards or formal tests that may have been completed at school or at home if homeschooled. Records from previous schools are an important part of the application process for students who are new to attending Providence Christian School NW. Please give your pastor the letter of reference to mail in.

Reasons for wanting to have your child attend PCSNW? _____

DISCIPLINE HISTORY

Has your child ever been suspended or expelled from school? YES NO

Does student have any past, current, or pending discipline action at any previous school? YES NO

Does your child have any serious discipline problems? YES NO If yes, please provide explanation. _____

Does student have any other behavioral issues? YES NO If yes to any of these, please explain: _____

Does your child have a diagnosed learning disability? YES NO If yes, describe the area of disability and provide copies of latest evaluations and assessments _____

Does your child participate in a special education program (IEP, Remediation, etc.)? YES NO If yes, please explain.

Describe the program and include a copy of the latest evaluation. _____

Primary Language spoken at home _____ Primary language spoken by the child _____

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 anything else you would like us to know? _____

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.