

APPLICATION FOR RETURNING STUDENTS

PLEASE FILL OUT ALL INFORMATION FOR **RETURNING STUDENTS**

PLEASE DO NOT INCL			FAMILY ON THIS	FORM.
Registration Paid Date	This section to be comp Academic Fee Paid Date		Application Date	
Last name:			nes of each <u>returning</u> heir grade <u>this fall</u> :	<u>g </u> student from
Father's full name:				
Mother's full name:				Grade
Home address:			Grade	Grade
Email address (Mom): Email address (Dad):	Cell phone Cell Phone	e (Mom): e (Dad):	Home pho	ne:
Name of your school district: Please indicate your child's mode of	school transportation: BU	our county: JS WALK	CAR	
Please indicate below which Kin Kindergarten Program: Full Day ~				
If mother and father have separate here: Father's address: Father's work phone:			ne phone	
Father's place of employment:		Mother's place of e	mployment:	
Grandparents' Information: (T	his is the information we Mother's I		parents to Grandpa	rents' Day)
Grandmother's full name and addr Phone Number:	ess:			
Grandfather's full name and addre Phone Number:				
Grandmother's full name and addr Phone Number:	Father's P			
Grandfather's full name and addre Phone Number:	ess:			
Church and Pastor Information appreciation during Pastors' Ap	•	on we use to send t	the students' letter	rs of
Name of church: Address of Church or Pastor:	Name of pa	stor:		

PARENTS' PLEDGE OF ACCEPTANCE

We have reviewed and agree with the curriculum, statement of faith, methods, standards and discipline of the Walnut Street Christian School. Signatures of Father and Mother or Guardian: