



APPLICATION FOR RETURNING STUDENTS

PLEASE FILL OUT ALL INFORMATION FOR RETURNING STUDENTS

PLEASE DO NOT INCLUDE ANY NEW STUDENTS FROM YOUR FAMILY ON THIS FORM.

Registration Paid Date Academic Fee Paid Date Application Date

Last name:

Father's full name:

Mother's full name:

Home address:

Email address (Mom):

Cell phone (Mom): Home phone:

Email address (Dad):

Cell Phone (Dad):

Name of your school district: Your county:

Please indicate your child's mode of school transportation: BUS WALK CAR

Please indicate below which Kindergarten program you are applying for (if any)

Kindergarten Program: Full Day ~ 8am-3pm OR Part Day ~ 8am-12pm

If mother and father have separate addresses, please include father's address and both parents' work information here:

Father's address: Father's home phone

Father's work phone: Mother's work phone:

Father's place of employment: Mother's place of employment:

Grandparents' Information: (This is the information we use to invite grandparents to Grandparents' Day)

Mother's Parents

Grandmother's full name and address:

Phone Number:

Grandfather's full name and address:

Phone Number:

Father's Parents

Grandmother's full name and address:

Phone Number:

Grandfather's full name and address:

Phone Number:

Church and Pastor Information: (This is the information we use to send the students' letters of appreciation during Pastors' Appreciation week.)

Name of church: Name of pastor:

Address of Church or Pastor:

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: