

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.

| | to be completed by the school e Paid Date Application Date |
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| | |
| Last name: | |
| Father's full name: | |
| Mother's full name: | Grade Grade Grade |
| Home address: | Grade |
| Email address (if any): | Home phone: Cell phones: |
| Name of your school district: | |
| Please indicate your child's mode of school transpor | tation: BUS WALK CAR |
| Please indicate below which Kindergarten pr Kindergarten Program: Full Day ~ 8am-3pm | |
| If mother and father have separate addresses, plehere: | ease include father's address and both parents' work information |
| | Father's home phone |
| Father's work phone: | Mother's work phone: |
| Father's place of employment: | Mother's place of employment: |
| Grandmother's full name and address: | mation we use to invite grandparents to Grandparents' Day) Mother's Parents |
| Phone Number: Grandfather's full name and address: | |
| Phone Number: Grandmother's full name and address: Phone Number: | Father's Parents |
| Grandfather's full name and address:Phone Number: | |
| Church and Pastor Information: (This is the appreciation during Pastors' Appreciation w | information we use to send the students' letters of eek.) |
| Name of church:N | Name of pastor: |
| Address of Church or Pastor: | |
| We have reviewed and agree with the curriculum, st Street Christian School. | PLEDGE OF ACCEPTANCE atement of faith, methods, standards and discipline of the Walnut |