



GRACE

CHRISTIAN SCHOOL

REENROLLMENT FORM 2024 – 2025

STUDENT INFORMATION

Student's Name: _____ Grade Entering: _____

Student's Address: _____
Street Address City State Zip Code

FATHER INFORMATION

Father's Name: _____ Father's Employer: _____

Father's Address (if different than student's): _____
Street Address City State Zip Code

Father's Work Phone: _____ Father's Cell Phone: _____

Father's Email Address: _____ Lives with student: Yes No

MOTHER INFORMATION

Mother's Name: _____ Mother's Employer: _____

Mother's Address (if different than student's): _____
Street Address City State Zip Code

Mother's Work Phone: _____ Mother's Cell Phone: _____

Mother's Email Address: _____ Lives with student: Yes No

MISCELLANEOUS INFORMATION

Home church: _____ Pastor: _____

Individual responsible for tuition: _____ Phone: _____

MEDICAL INFORMATION

Emergency Contact: _____ Phone: _____

Student's Physician: _____ Phone: _____

Address: _____
Street Address City State Zip Code

Does your student have any allergies? Yes No

Please list: _____

For office use only:

Date received: _____ Reg. Fee Paid: _____ Payment Plan: _____