

JASPER CHRISTIAN SCHOOL

REGISTRATION APPLICATION

Student Information:

Name: _____ Nickname: _____
Date of Birth: _____ Verification: _____ Sex: Male ___ Female ___
Place of Birth: City: _____ State: _____ Soc. Sec. Number: _____
Address: _____ Telephone: _____
City: _____ State: _____ Zip Code: _____

Parent Information:

Father's Name: _____
Address: _____ Home Phone: _____
City: _____ State: _____ Work Phone: _____
Citizenship: _____ Church Affiliation: _____
Marital Status: _____ Occupation: _____

Mother's Name: _____
Address: _____ Home Phone: _____
City: _____ State: _____ Work Phone: _____
Citizenship: _____ Church Affiliation: _____
Marital Status: _____ Occupation: _____

Legal Guardian: _____
Address: _____ Home Phone: _____
City: _____ State: _____ Work Phone: _____
Citizenship: _____ Church Affiliation: _____
Marital Status: _____ Occupation: _____

Transfer Information:

School Last Attended: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Entering Grade: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___

Emergency Information:

Persons To Notify 1. _____ Tel. _____
In Emergency: 2. _____ Tel. _____
Physician to Call: _____ Tel. _____

We understand the requirements and regulations as outlined in the current school manual and pledge our cooperation.

Signed: _____ Date: _____
Parent Signature

Signed: _____ Date: _____
Student Signature