

WEBSTERVILLE BAPTIST CHRISTIAN SCHOOL REGISTRATION CARD

Nursery School
<input type="checkbox"/> ½ Day <input type="checkbox"/> Full Day

Date _____ School Year _____ - _____ New Enrollment Re-Enrollment Grade To Enter _____

Student's Name LAST _____ FIRST _____ MIDDLE _____ Female Male

STREET _____ CITY _____ ZIP _____ P.O.BOX _____ PHONE _____

AGE _____ BIRTH DATE _____ S.S.# ____ / ____ / ____ LAST SCHOOL ATTENDED _____

FATHER'S NAME _____ MOTHER'S NAME _____

EMPLOYER _____ EMPLOYER _____

ADDRESS _____ ADDRESS _____

PHONE _____ PHONE _____

PARENTS E-MAIL ADDRESS: _____

IF PARENTS ARE SEPERATED OR DIVORCED, PLEASE INDICATE WITH WHOM THEY LIVE. _____
 LIST ANY PERSONS WHO MAY **NOT** PICK UP YOUR CHILD _____

EMERGENCY INFORMATION Responsible Adult To Contact If Parents Can't Be Reached
Name _____
Phone _____
CHILD'S PHYSICIAN
Name _____
Phone _____

NOTE: PLEASE COMPLETE INFORMATION ON REVERSE SIDE

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NOTE: PLEASE COMPLETE INFORMATION ON REVERSE SIDE

STUDENT'S GRADES HAVE BEEN Superior Above Average
 Average Below Average

HAS STUDENT FAILED ANY GRADE ? Yes No If yes, what grade(s)? _____

CHURCH NOW ATTENDING _____ ATTEND SUNDAY SCHOOL? Yes No
REASON FOR SELECTING
THIS SCHOOL _____

HEALTH PROBLEMS OR PHYSICAL DEFECTS _____
OTHER MEMBERS OF THE IMMEDIATE FAMILY: Younger Brothers Younger Sisters Relatives Living at Home
 Older Brothers Older Sisters

OTHER INFORMATION THAT WOULD BE HELPFUL TO THE SCHOOL AND OR TEACHER _____

OFFICE USE ONLY	ENTRANCE TEST SCORES	ACCEPTED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CONDITIONAL
	Reading _____	RECOMMEND PLACING IN DIFFERENT GRADE <input type="checkbox"/>
	Math _____	GRADE ____ BY: _____

WBCS017

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WBCS017