

Covenant Christian School
105 S. George Wallace Drive
Troy, Alabama 36081
(334) 566-0817

Date _____
Grade Entering _____
For School Year 2010/2011

REGISTRATION FORM

Student's Name _____ / _____
(Last) (First) (Middle) (Nickname)

Student's Age _____ Date of Birth _____ Male _____ Female _____

Home Address _____
(Street) (City) (State) (Zip Code)

Telephone No. _____ Parent(s) E-mail Address _____

Student's Physician _____ Office Phone No. _____

Father's Name _____ Occupation _____

Employer _____ Work Phone No. _____

Mother's Name _____ Occupation _____

Employer _____ Work Phone No. _____

Church Now Attending _____ Marital Status _____

Number of Children _____ Name(s) and Age(s) _____

Briefly describe any special extra-curricular interests, hobbies, talents or aptitude which this student has: _____

Explain briefly why you want a Christian Education for your child(ren): _____

Is your child diagnosed as Learning Disabled? _____

If your child is registering for the Kindergarten program, will he/she attend the half-day (from 8:00 a.m. to 12:00 noon) _____
or the full-day (8:00 a.m. to 3:00 p.m.) _____ program? (Please check one)

Do you plan to have your child attend Covenant Christian School past pre-school years? Yes _____ No _____

List last three (3) schools attended by your child and the reason for his/her withdrawal.

School Name: _____ Reason for Withdrawal: _____

Condition of Health (list any illnesses, handicaps, allergies or emotional problems): _____

How did you hear about Covenant Christian? Radio Ad _____ Recommendation of Friend _____ Other (specify) _____

If referred by a friend whose child(ren) currently attends Covenant Christian School, please provide us your friend's name.
