



Grace Christian Academy Enrollment Registry Form

STATE LAW REQUIRES ENROLLMENT OF STUDENT BY LEGAL NAME

(PLEASE PRINT)

ENTRY DATE _____

STUDENT

STUDENT'S Last Name		First Name		Middle Name		Sex	Grade
Physical Address Apt #		City		State	Zip	Home Phone #	
Mailing Address		City		State	Zip	Student Lives With	
Social Security Number	Birth Date	Birth City/State		Church Affiliation			
Ethnic Code (circle only one) 1 – American Indian/Alaskan Native 2 – Asian/Pacific Islander 3 – Hispanic 4 – Black/African American 5 – White							
Email Address							

PARENT/GUARDIAN

FATHER'S First Name/Last Name		<input type="checkbox"/> Natural <input type="checkbox"/> Guardian <input type="checkbox"/> Foster		Have parental rights been revoked? YES NO			
Physical Address Apt.#		City		State	Zip	Home Phone #	
Father's Employer		Dept.		Work Phone #		Alternative Phone # (cell, etc.)	
MOTHER'S First Name/Last Name		<input type="checkbox"/> Natural <input type="checkbox"/> Guardian <input type="checkbox"/> Foster		Have parental rights been revoked? YES NO			
Physical Address Apt.#		City		State	Zip	Home Phone #	
Mother's Employer		Dept.		Work Phone #		Alternative Phone # (cell, etc.)	

STEPARENT

STEPFATHER'S First Name/Last Name		Physical Address Apt.#		City	State	Zip	Home Phone #
Stepfather's Employer		Dept.		Work Phone #		May student be released to stepfather? YES NO	
STEPMOTHER'S First Name/Last Name		Physical Address Apt.#		City	State	Zip	Home Phone #
Stepmother's Employer		Dept.		Work Phone #		May student be released to stepmother? YES NO	

EMERGENCY
(Other than parent)

LOCAL Emergency Contact Name		Relationship to student		Home Phone #		Alternative Phone #	
LOCAL Emergency Contact Name		Relationship to student		Home Phone #		Alternative Phone #	
Sibling Names (if at this school)							

Grace Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

MEDICAL RELEASE: When I/we cannot be located after reasonable efforts under the circumstances, the headmaster (or his/her representative) is authorized under NRS.129.040, but not required, to seek medical care of the above named student, in case of serious illness, accident, or other emergency requiring immediate hospitalization, medical attention, or surgery. I/We also agree to be responsible for all medical costs incurred on the student's behalf.

Natural Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY: Proof of Residence | Immunization Certificate | Birth Certificate
 Teacher _____