

Harvest Time Christian School

Student Application Form

For School Use:

Step-Up ___ McKay ___ Self Pay ___

Date Received: _____

BSC ___ ASC ___ BSC/ASC ___

Application for Grade: _____

Student ID No: _____

Date of Application: _____

Last School Attended: _____ Grade Retained(if any) _____

Personal Details

Applicant's Full Name: _____ Male Female

Date of Birth: _____

Home Address: _____

(Street)

(City)

(Zip)

Home Phone: _____

Family Data

Father/Guardian Name: _____ Mother Name: _____

Social Security Number: _____ Social Security Number: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Email address: _____ Email address: _____

Cell Phone: _____ Cell Phone: _____

Care Providers in Your Absence

Two (2) relatives or friends you authorize to assume care of your child in your absence:

Name

Address

Phone No.

Name

Address

Phone No.

Physician's Name: _____ Phone No. _____

In case of an accident or serious illness, I request the school to contact me; if the school is unable to reach me, I hereby authorize the school to call the physician indicated above and follow his instructions. If impossible to contact the physician, the school may make necessary arrangements.

Signature of Father/Guardian: _____ Date: _____

Signature of Mother/Guardian: _____ Date: _____