

## Registration Form Gold Coast Christian School

### Student information:

**First Name:** \_\_\_\_\_ **Last name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Mailing address, if different:**  
\_\_\_\_\_  
\_\_\_\_\_

**Sex (check one):** Male \_\_\_\_\_ Female \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Place of birth:** \_\_\_\_\_

**Birth certificate number:** \_\_\_\_\_ **Issued at:** \_\_\_\_\_

**Does the student have any brothers or sisters, how many? Brothers** \_\_\_ **Sisters** \_\_\_

**School previously attended:** \_\_\_\_\_

**Address of school:** \_\_\_\_\_  
\_\_\_\_\_

**Date entered:** \_\_\_\_\_

**Date withdrawn:** \_\_\_\_\_

**Grade last year:** \_\_\_\_\_ **Grade to enter this year:** \_\_\_\_\_

**Does student attend Sabbath/Sunday School?** \_\_\_\_\_ **Church?** \_\_\_\_\_

**Is the student baptized?** \_\_\_\_\_ **Date of baptism:** \_\_\_\_\_

**Member of what church?** \_\_\_\_\_

2019-2020 Up to date initials: \_\_\_\_\_ 2020-2021 Up to date initials: \_\_\_\_\_

Fathers Information:

Full legal name of father: \_\_\_\_\_

Father's address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Church membership: \_\_\_\_\_ Baptized? \_\_\_\_\_

May pick up students? (circle one) Yes No

Mothers Information:

Full legal name of mother: \_\_\_\_\_

Mother's address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Church membership: \_\_\_\_\_ Baptized? \_\_\_\_\_

May pick up students? (circle one) Yes No

Emergency:

\*\*\*If all parents listed are unavailable

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

2019-2020 Up to date initials: \_\_\_\_\_ 2020-2021 Up to date initials: \_\_\_\_\_

Medical Information:

Doctor: \_\_\_\_\_ Office phone: \_\_\_\_\_  
Dentist's name: \_\_\_\_\_ Office number: \_\_\_\_\_

Step Parent or Legal Guardian:

#1: Please check one: \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Step Parent

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Church membership: \_\_\_\_\_ Baptized? \_\_\_\_\_

May pick up students? (circle one) Yes No

#2: Please check one: \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Step Parent

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Church membership: \_\_\_\_\_ Baptized? \_\_\_\_\_

May pick up students? (circle one) Yes No

\*\*\* Beginning students need proof of birth. \*\*\*All students need proof of up-to-date vaccinations.

2019-2020 Up to date initials: \_\_\_\_\_ 2020-2021 Up to date initials: \_\_\_\_\_