

CORNERSTONE CHRISTIAN SCHOOL

Save-My-Seat Re-Registration Form

Student's Name _____ Grade Entering _____
First _____ Last _____ Middle Initial _____
Date of Birth _____ U.S. Citizen Yes No Gender Male Female
mm/dd/yyyy
Ethnicity African American American Indian Asian Hispanic White Other
Street Address _____
City _____ State _____ Zip _____
Student Email _____ Student Cell # _____

Legal Guardian Name _____ Email Address _____
Legal Guardian Name _____ Email Address _____
Cell # _____ Home # _____ Work/Other # _____

Member of Seventh-day Adventist Church? Yes No

Does the student live with you? Yes No

If no, relationship to student: _____

Enclosed is a check in the amount of \$50 (before Feb 28) \$75 (before April 30) \$100 (before July 1)
Make checks payable to Cornerstone Christian School

Name _____ Signature _____ Date _____

IMPORTANT 2020 ENROLLMENT DATES



RE-ENROLL NOW!