

CHRISTIAN SCHOOL OF KINGWOOD REGISTRATION FORM

Please check the box indicating the program(s) you are applying for: _____ Returning Student _____ New Student
_____ Summer MDO _____ Summer Extended Care Days: M _____ Tu _____ W _____ Th _____ F _____ Notes: _____
MDO A _____ MDO B _____ Days: M _____ Tu _____ W _____ Th _____ F _____
PreSchool 3's Extended Day _____ PreSchool 3's 1/2 Day AM _____ PM _____
PreSchool 4's Extended Day (3 Days) _____ PreSchool 4's Extended Day (5 Days) _____ PreKindergarten _____ Elementary Grade _____

Child's Name _____ M _____ F _____

Address _____

City _____ State _____ Home Phone _____

Name child prefers to be called _____ Is your child eligible to return to their last school: _____

Student's Social Security Number _____ Student's date of birth _____

Church Affiliation _____ Congregation attending _____

Father's Information

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Home Email: _____
Employer: _____
Business Phone: _____
Mobile Phone: _____
SSN: _____
Driver License (State/Number): _____

Is the referenced individual: Father _____ Stepfather _____
(circle) Grandfather Guardian _____

Mother's Information

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Home Email: _____
Employer: _____
Business Phone: _____
Mobile Phone: _____
SSN: _____
Driver License (State/Number): _____

Is the referenced individual Mother _____ Stepmother _____
(circle) Grandmother Guardian _____

Are the parents divorced? ___ Yes ___ No If yes, to properly serve your family, please attach a copy of the divorce decree, child custody agreements, and any modifying orders.

Emergency Contact(s): Name _____ Phone # _____ Relationship _____
And/ or Pickup Name _____ Phone# _____ Relationship _____

School District in which child resides: _____ Public school nearest child's home: _____

Previous schools attended: _____

Names and ages of siblings at home: _____

Please list any special problems/needs that your child may have(learning difficulties/medical needs including long-term prescription usage, emotional needs, etc): _____

Other relatives: (names and addresses, please)

Grandparents: _____

Grandparents: _____

Parent not living in the same house as the student: _____

Other: _____

How did you learn of the Christian School of Kingwood? _____

I have read all of the materials contained in this application and understand them. Furthermore, I have provided CSK with complete, accurate, up-to-date, and factual information to use in the admission process. CSK reserves the right to deny admission or continued enrollment of a student for falsifying or omitting information on the application:

Parent/Guardian Signature

Date