

Today's date:	Grade in Fall:
---------------	----------------

STUDENT INFORMATION (PLEASE PRINT)

Last:	First:	Middle:
-------	--------	---------

Ethnic/Race (optional): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islands <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> White	Birth date: mm/dd/yy / /	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
--	-----------------------------	------	--

Street address:

City:	State:	Zip Code:	Home Phone: ()
-------	--------	-----------	--------------------

FAMILY INFORMATION (PLEASE PRINT)

PRIMARY HOUSEHOLD (Where student resides)

Parent/Guardian:	Relationship:	Cell Phone: ()
------------------	---------------	--------------------

Occupation:	Employer:	Work Phone: ()
-------------	-----------	--------------------

Email:

Parent/Guardian:	Relationship:	Cell Phone: ()
------------------	---------------	--------------------

Occupation	Employer:	Work Phone: ()
------------	-----------	--------------------

Email:

Check any that apply to applicant: Father is deceased Mother is deceased Parents are divorced
 Father is remarried Mother is remarried Parents are separated

SECONDARY HOUSEHOLD

Parent/Guardian:	Relationship:	Cell Phone: ()
------------------	---------------	--------------------

Occupation:	Employer:	Work Phone: ()
-------------	-----------	--------------------

Email:

Parent/Guardian:	Relationship:	Cell Phone: ()
------------------	---------------	--------------------

Occupation	Employer:	Work Phone: ()
------------	-----------	--------------------

Email:

SIBLING INFORMATION			
Name	Age	Current Grade	School or Occupation

CHURCH AFFILIATION (PLEASE PRINT)

Church Membership:	Church Currently Attending:	Is student baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Baptism: / /
--------------------	-----------------------------	--	---------------------------

EMERGENCY CONTACTS & AUTHORIZED PICK-UP (PLEASE PRINT)

In the event that we cannot reach a parent/guardian, please list persons we could contact if your child is ill, injured or otherwise. Only the people on this form are authorized to remove your child from the school unless prior notice is given.

Name:		Relationship:	
Home Phone: ()	Cell Phone: ()	Work Phone: ()	
Name:		Relationship:	
Home Phone: ()	Cell Phone: ()	Work Phone: ()	
Name:		Relationship:	
Home Phone: ()	Cell Phone: ()	Work Phone: ()	

RIDE & RELEASE PERMISSION (PLEASE PRINT)

My child has permission to ride in privately owned vehicles with the following individuals. I also authorize Riverside Christian School to allow my student to leave the school grounds with these persons:

Name:	Name:
Name:	Name:

I understand that this permission remains in effect as long as my child is enrolled at Riverside Christian School. If I want to add or subtract individuals to this list, I will do so in writing.

Parent/Legal Guardian Signature:	Date:
----------------------------------	-------

PHOTO/WEB PAGE RELEASE

My child may be included in photos for school publications, advertisements, website, videos, and slide productions. Their name will not be included in conjunction with any photos. Every effort will be made to honor this release, however Riverside is not liable for identifying all students in large group photos. Yes No

Parent/Legal Guardian Signature:	Date:
----------------------------------	-------

DECLARATIONS

Parent/Legal Guardian and student have read the school handbook, and agree to support the policies and mission listed therein.

Parent/Legal Guardian Signature:	Date:
----------------------------------	-------

REGISTRATION FEES

All student registrations must be accompanied by an application fee which is non-refundable unless it is waived, or the application is not accepted or space is not available. The application fee is \$20 for each student. A separate registration fee of \$180 which is non-refundable is due by August 1.

VERIFICATION OF INFORMATION

The information in the registration is true and accurate as of this date.

Parent/Legal Guardian Signature:	Date:
----------------------------------	-------