



Application for Reenrollment 2009-2010

Family Information:

Student's Full

Name: _____

Social Security Number: _____ Grade Entering: _____

Age: _____ DOB : _____

Interested in Car Pooling?

Father's Name: _____

Address: _____ City: _____ Zip: _____

Mailing

Address: _____

Email Address: _____ Cell Phone
#: _____ Pager: _____

Home Phone #: _____

Father's Occupation: _____
Employer: _____

Employer's
Address: _____

OFFICE USE ONLY

_____ Date Received

- Interview
- Testing
- Letters of Reference
- Report Card
- Transcript
- Parent Commitment
- Immunizations
- Birth Certificate
- Medical Consent
- Parent Survey
- Health Exam
- Enrollment Fee

_____ Date Accepted

Work Phone #: _____

Mother's Name: _____

Address: _____ City: _____ Zip: _____

Mailing Address (if different): _____

Email Address (if different): _____ Cell Phone #: _____

Pager: _____ Home Phone #: _____

Mother's
Occupation: _____ Employer: _____

Employer's Address: _____

Work Phone #: _____

Does child live with both parents? _____

Please list all other children living with your family:

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

BILLING ADDRESS (IF DIFFERENT FROM ABOVE)

Address: _____ City: _____ Zip: _____

Mailing
Address: _____

Email Address: _____ Cell Phone
#: _____ Pager: _____

Home Phone #: _____

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Emergency Contacts:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Briefly state why you would like your child to attend this school:

Church Information:

We attend church at: _____

Our church attendance is: Weekly: _____ Occasionally: _____ Rarely: _____

What is your church involvement? (offices held, ministries serving in, etc.)

Husband: _____

Wife: _____

Have you read and do you support Deep Valley Christian School's Statement of Faith? _____

Please return completed Applications to the Bookkeeping Office,

Attention: Peggy Huffman