

CATHEDRAL OF FAITH CHRISTIAN SCHOOL

APPLICATION

(TO BE FILLED OUT BY PARENT OR LEGAL GUARDIAN)

Date _____ School Term _____

Student Name _____ Nickname _____

Age _____ Birthdate ___/___/___ Sex: M___ F___

Admission Date _____ Termination Date _____

The school does not unlawfully discriminate in accepting students on the basis of racism, color, religion, creed, national origin, sex, or ancestry. No question on this application is intended to secure information to be used for such discrimination.

Male Guardian _____ Are you the father? () Yes () No

Female Guardian _____ Are you the mother? () Yes () No

Previous school attended _____ Grade _____

School's Address _____ Phone _____

If less than 1 year at previous school, please list school.

Name _____ Grade _____

Address _____ Phone _____

Is your account paid in full at previous school? () Yes () No

If no, please give balance owed \$ _____

Has student ever attended a special education class(es)? () Yes () No

If yes, describe

Has student ever been in a learning disability class(es)? () Yes () No

If yes please describe

Does your family regularly attend church services? () Yes () No

If so, where? _____

**CATHEDRAL OF FAITH CHRISTIAN SCHOOL
APPLICATION**

List the names and addresses of three (3) people other than immediate family who know your child (teacher, pastor, babysitter, etc.)

1. _____

2. _____

3. _____

Give a brief statement of why you wish to enroll your child here at Cathedral of Faith Christian School.

List any person other than yourself who will be authorized to pickup your child(ren) from school.

Name	Relationship to child
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1. _____	_____
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2. _____	_____
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3. _____	_____
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Signatures:

Male Guardian _____ Date _____

Female Guardian _____ Date _____

Registration and book fee must accompany application

PARENTAL STATEMENT OF COOPERATION

It is understood that my child's acceptance and attendance at Cathedral of Faith Christian School is privilege and not a right. If at any time, in the sole opinion of the administration, his or her spiritual development, academic progress, conduct, or cooperation with the school's representatives is not in keeping with school requirements, the school reserves the right to terminate my child's enrollment.

I/We give permission for my child to take part in all school activities including sports programs and school sponsored trips away from the school premises. I/We absolve the school from any and all liability in the event my child/children is/are injured at the school or during any school activity.

I/We agree with the school's efforts to train my child/children in the Bible and in the Christian Faith, and will encourage my child/children in this and all other phases of the curriculum.

Parents terminating enrollment in the school should give notice to the administration prior to the date of withdrawal so that proper arrangements can be made for withdrawal. A student is not considered withdrawn until the administration has been contacted by legal guardians. Any necessary tuition rebate will be determined from the date of the official withdrawal.

I/We agree to attend and participate in the Parent Orientation and Fellowship Meeting, and to the best of my/our ability, to attend and participate in the Parent Teacher Fellowship, special presentations of the school's student body, and help promote a good understanding between parents, students, guardians, faculty, and administration of the school.

I/We agree to support the school with my/our attendance at all school functions and activities that will help provide funds for the school.

I/We further agree to read and comply with any and all school policies presented on this date or any further date.

Normal school hours are from 7:45 a.m. until 2:45 p.m. After care will begin at 3:00 p.m. and end at 6:00 p.m. A late fee of \$1.00 per minute will be charged to my account if my child is picked up after 6:00 p.m.

I/We agree to discuss our concerns about the school with the administrator only, especially when it concerns my child.

I/We agree to return all signed progress reports and report cards to the school the day after they are given.

Signature of Male Guardian _____

Signature of Female Guardian _____

Date _____

CONFIDENTIAL PARENTAL PROFILE

If the parent or guardian is doing an application for more than one student, only one profile is necessary. A photocopy will be placed with each student application.

Date ___/___/___

School Term

MALE GUADIAN

Name _____ Age _____

Address _____ City _____ State _____ Zip _____

How long at this address? _____

Employer _____ How Long? _____

Employer's Address _____ Monthly Income _____

Employer's City _____ State _____ Zip _____

Social Security Number _____ - _____ - _____ **(Must be completed)**

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Are you a Christian? () Yes () No What church do you attend? _____

Are you a regular attendant? () Yes () No Pastor's Name _____

Female Guardian

Name _____ Age _____

Address _____ City _____ State _____ Zip _____

How long at this address? _____

Employer _____ How Long? _____

Employer's Address _____ Monthly Income _____

Employer's City _____ State _____ Zip _____

Social Security Number _____ - _____ - _____ **(Must be completed)**

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Are you a Christian? () Yes () No What church do you attend? _____

Are you a regular attendant? () Yes () No Pastor's Name _____

CATHEDRAL OF FAITH CHRISTIAN SCHOOL
Health History
(To be provided by parents)

Name of child: _____

Birthdate _____ Sex: () Male () Female Child's Social Security Number _____

Medical History:

Diseases:

	Age		Age
Asthma	_____	Pneumonia	_____
Chicken Pox	_____	Whooping Cough	_____
Heart Disorder	_____	Diphtheria	_____
Measles	_____	Mumps	_____
Rubella	_____	Other (please explain)	_____

Congenital Malformations _____

Allergies (drug, food, etc.) _____

Drug Sensitivity _____

Seizures _____

Comments:

Parent's Signature _____ Date _____

Address _____ Phone Number _____

MEDICAL HEALTH CARE AUTHORIZATION

I/We hereby authorize Cathedral of Faith Christian School to include my child(ren) in the following procedures.

1. Vision, Speech, and hearing screening.
2. Emergency medical care for accident or illness during school hours or during a school function. I also give permission for Cathedral of Faith Christian School to take my child(ren) to the nearest emergency facility when they deem it necessary.

In case of emergency during school hours, you may reach me at:

Male Guardian _____ Telephone _____

Cell Phone _____ Pager _____

Female Guardian _____ Telephone _____

Cell Phone _____ Pager _____

Names of Children

1. _____

2. _____

3. _____

In case of an emergency, and I/we cannot be reached, please notify:

1. Name _____ Relationship _____ Telephone _____

2. Name _____ Relationship _____ Telephone _____

3. Name _____ Relationship _____ Telephone _____

Name of family Doctor: _____

Address _____

Health insurance _____

Group Number _____

Signature:

Male Guardian _____ Date __/__/__

Female Guardian _____ Date __/__/__