

Covenant Community Schools

Admission Date/Term: _____

Days & Hours: _____

Withdrawal Date: _____

STUDENT INFORMATION

Name: _____

Date of Birth: _____

Address: _____

Sex: ____ Age: _____ T-shirt Size: _____

Home Telephone: _____

Previous School & Address: _____

FAMILY INFORMATION

Father's Name: _____

Cell/Work phone: _____

Address: _____

Email: _____

Mother's Name: _____

Cell/Work phone: _____

Address: _____

Email: _____

Emergency Name: _____

Telephone: _____

I hereby authorize the school to allow my child to leave the campus with the following additional people:

Name: _____

Phone #: _____

Name: _____

Phone #: _____

CHURCH INFORMATION

Name of Church: _____

Pastor: _____

Address: _____

Pastor phone #: _____

Church phone #: _____

CONSENT (Please check all activities that you consent to your child's participation.)

TRANSPORTATION and supervision by school employees for emergency care and field trips.

WATER ACTIVITIES (Children under 5 years old are not taken to off-campus swimming pools.)

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

I give consent for CCS to secure any and all necessary emergency medical care for my child. In the event that I cannot be reached, I authorize the person in charge to take my child to:

Physician's Name: _____

Phone #: _____

Address: _____

Hospital: _____

List any special problems that your child may have such as allergies, existing illness, previous serious illness, injuries during the past 12 months, medication prescribed for long-term use, and any other information that the staff should know: _____

My/our signature(s) below indicate(s) that the information provided on this form is true and accurate. I/we agree to provide an up-to-date physician's immunization/hearing/screening record, a copy of the student's birth certificate, and completed enrollment forms prior to the student's first day of attendance. I/we also affirm that we have received a copy and are in agreement with the school's operational policies.

(All parents/guardians with legal custody must sign.)

X _____ X _____ Date: _____