

Siblings:	Name:	Age:	Grade:	School:

Church Information

Father _____ Member/Regular Attendee Yes No
name of church

Mother _____ Member/Regular Attendee Yes No
name of church

Please check the appropriate choices.

- Applicant attends church regularly Parents attend church regularly
 Applicant attends Sunday school

Alternative Contact Information (If we are not able to reach the student’s parents or guardians.)
ASIDE FROM THE STUDENT’S PARENTS OR GUARDIANS LISTED ON THE FRONT OF THIS FORM, ONLY THOSE PERSONS LISTED IN THE SECTIONS BELOW WILL BE ALLOWED TO PICK UP THE STUDENT.

List **LOCAL** relatives, neighbors or friends who are able to pick up your child, in the event you cannot be reached.

Name _____ Relationship _____

Phone _____ Cell _____

Name _____ Relationship _____

Phone _____ Cell _____

Name _____ Relationship _____

Phone _____ Cell _____

List at least one relative (**LOCAL OR OUT OF TOWN**) we can contact in the event of an extreme emergency.

Name _____ Phone _____ Relationship _____

Address _____ City/State/Zip _____

Name _____ Phone _____ Relationship _____

Address _____ City/State/Zip _____