

PONTIAC CHRISTIAN SCHOOL

Student Information Card for 2016-2017 School Year

Please complete this form entirely and return the form to the school with the the registration fee, if it has not been paid.

Grade Level (circle one) K3 K4 (3day) K4 (5day) KDG 1 2 3 4 5 6 7 8

Student _____
Last Name First Name Middle

Home Phone _____ Date of Birth _____

Address _____ Church _____

City _____ State _____ Zip _____ Church City _____

FATHER/Guardian Name _____ Does the child proclaim Christ as Savior? _____

Cell Phone _____

OPTIONALS

Work Phone _____ Ext. _____

Hot Lunch (circle) Yes No

Employer _____

Lunch Milk (circle) White Choc None

E-mail _____

Snack Milk **PreK-Kdg** (circle) White Choc None

Does the father proclaim Christ as Savior? _____

Does the student live with the father? _____ If no, fill out below

Home Phone _____

Bus Service TO School (circle) Yes No

Address _____

If yes, circle one PONTIAC BIBLE CHURCH
PONTIAC BOYS & GIRLS CLUB
CHENOA
FAIRBURY

City _____ State _____ Zip _____

MOTHER/Guardian Name _____

Cell Phone _____

Bus Service FROM school (circle) Yes No

Work Phone _____ Ext. _____

If yes, circle one PONTIAC BIBLE CHURCH

Employer _____

PONTIAC BOYS & GIRLS CLUB
CHENOA
FAIRBURY

E-mail _____

Does the mother proclaim Christ as Savior? _____

MEDICAL

Does the student live with the mother? _____ If no, fill out below

Home Phone _____

Medical Allergies: _____

Address _____

Other allergies: _____

City _____ State _____ Zip _____

EMERGENCY / LOCAL CONTACTS

Person(s) who is authorized to pick up child, other than parent or guardian

Diabetic? Yes _____ No _____

Name _____

Heart Disease? Yes _____ No _____

Phone Number _____

Asthma? Yes _____ No _____

Name _____

Any other medical concerns?

Phone Number _____

In case of emergency, the school has permission to call:

GRANDPARENTS (For Grandparents Day & Weekly Newsletters)

Name _____

Dr. _____

E-mail _____

Phone Number _____

Address _____

SIBLINGS

City _____ State _____ Zip _____

Name _____

Name _____

Date of Birth _____ Grade _____

E-mail _____

Name _____

Address _____

Date of Birth _____ Grade _____

City _____ State _____ Zip _____

Name _____

Name _____

Date of Birth _____ Grade _____

E-mail _____

Name _____

Address _____

Date of Birth _____ Grade _____

City _____ State _____ Zip _____

Signature of Parent/Guardian

Date _____