

• **PONTIAC CHRISTIAN SCHOOL**

Student Information Card for 2017-2018 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~~

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

~~\_\_\_\_\_ PONTIAC BOYS & GIRLS CLUB~~

~~\_\_\_\_\_ CHENOA~~

~~\_\_\_\_\_ FAIRBURY~~

**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~~

E-mail \_\_\_\_\_

~~\_\_\_\_\_ CHENOA~~

Does the mother proclaim Christ as Savior? \_\_\_\_\_

~~\_\_\_\_\_ FAIRBURY~~

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

Home Phone \_\_\_\_\_

**MEDICAL**

Address \_\_\_\_\_

Medical Allergies: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Other allergies: \_\_\_\_\_

**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 \_\_\_\_\_

\_\_\_\_\_

**GRANDPARENTS (For Grandparents Day & Weekly Newsletters)**

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

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 \_\_\_\_\_