

• **PONTIAC CHRISTIAN SCHOOL**

Student Information Card for 2018-2019 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 \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Employer \_\_\_\_\_

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

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

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

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

Address \_\_\_\_\_

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

**MOTHER/Guardian** Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Employer \_\_\_\_\_

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

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

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

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

Address \_\_\_\_\_

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

**EMERGENCY / LOCAL CONTACTS**

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

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

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

Name \_\_\_\_\_

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

Address \_\_\_\_\_

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

Name \_\_\_\_\_

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

Address \_\_\_\_\_

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

Name \_\_\_\_\_

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

Address \_\_\_\_\_

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

**OPTIONALS**

Hot Lunch (circle)                      Yes    No

Lunch Milk (circle)                      White    Choc    None

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

Bus Service TO School (circle)        Yes    No

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

Bus Service FROM school (circle)        Yes    No

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

**MEDICAL**

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

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

Diabetic?                      Yes \_\_\_\_\_ No \_\_\_\_\_

Heart Disease?                      Yes \_\_\_\_\_ No \_\_\_\_\_

Asthma?                      Yes \_\_\_\_\_ No \_\_\_\_\_

Any other medical concerns? \_\_\_\_\_

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

Dr. \_\_\_\_\_

Phone Number \_\_\_\_\_

**SIBLINGS**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

**Signature of Parent/Guardian**

\_\_\_\_\_ Date \_\_\_\_\_