

Covenant Christian School
105 S. George Wallace Drive
Troy, Alabama 36081

Date: _____
Grade Entering: _____
School Year: _____

REGISTRATION APPLICATION

The school office administrator will contact you to schedule a family interview once your completed application has been reviewed.

I. Student Information

Student's Name _____ / _____
(Last) (First) (Middle) (Nickname)

Student's Age _____ Date of Birth _____ Male _____ Female _____

Home Address _____
(Street) (City) (State) (Zip Code)

II. Parent Information

Marital Status _____

Father's Name _____

Occupation _____ Employer _____ Work Phone No. _____

Cell No. _____ E-mail Address _____

Mother's Name _____

Occupation _____ Employer _____ Work Phone No. _____

Cell No. _____ E-mail Address _____

III. Health Information

Student's Physician _____ Office Phone No. _____

Condition of Health (list any illnesses, handicaps, disabilities, allergies or emotional problems):

Is your child diagnosed as Learning Disabled? _____

IV. Additional Information

Number of Children _____ Name(s) and Age(s) _____

Church Now Attending _____ Pastor _____

Explain briefly why you want a Christian Education for your child(ren): _____

Briefly describe any special extra-curricular interests, hobbies, talents or aptitude which this student has: _____

If your child is registering for the Kindergarten program, which will he/she attend? (Please check one):

Half-Day (from 8:00 a.m. to 12:00 noon) _____ **OR** Full-Day (8:00 a.m. to 3:00 p.m.) _____ program

Do you plan to have your child attend Covenant Christian School past pre-school years? Yes _____ No _____

List last three (3) schools attended by your child and the reason for his/her withdrawal.

SCHOOL	REASON FOR WITHDRAWAL

How did you hear about Covenant Christian? Radio Ad ___ Friend ___ Internet ___ Other (specify) _____