

APPLICATION FOR ENROLLMENT

Child's Full Name _____
Last First Middle

Home Address _____
Street City State/Zip

Date of birth _____ Age as of September 1: _____ Male _____ Female _____

Child's Social Security Number _____ - _____ - _____

_____ PRE-SCHOOL (3 yrs.)	_____ GRADE 1	_____ GRADE 5	_____ GRADE 9
_____ PRE-KINDERGARTEN (4 yrs.)	_____ GRADE 2	_____ GRADE 6	_____ GRADE 10
_____ KINDERGARTEN (5 as of Sept. 1)	_____ GRADE 3	_____ GRADE 7	_____ GRADE 11
	_____ GRADE 4	_____ GRADE 8	_____ GRADE 12

School attended last year: _____

Address: _____

Are you eligible to return to the school above? _____

Has your child ever been enrolled in a Special Education Class of any kind? _____ If yes, please specify:

FAMILY INFORMATION (Please notify the school immediately of any changes of address, home phone, work phone, or any other information necessary to contact you or insure the safety of your child.)

Father's full name _____ Mother's full name _____

Father's Social Security # _____ -- _____ -- _____ Mother's Social Security # _____ -- _____ -- _____

Father's DL # _____ Mother's DL # _____

Address _____ Address _____

Telephone _____ Cell _____ Telephone _____ Cell _____

Employer _____ Employer _____

Address _____ Address _____

Telephone _____ Telephone _____

Religious Preference _____ Religious Preference _____

Congregation _____ Congregation _____

Please list name and age of each child less than 18 years of age:

OTHER THAN PARENTS, WHOM TO NOTIFY IN CASE OF EMERGENCY:

Name: _____ Phone: _____

Name: _____ Phone: _____

ImmTrac

I authorize my child(ren)'s immunization records to be reported to ImmTrac Texas Immunization Registry.

Father's Signature _____ Mother's Signature _____ Date _____

MEDICAL INFORMATION

List any special problems or needs that your child may have, such as known allergies, existing illnesses, previous serious illnesses and injuries, any disabilities, any hospitalizations during the past 12 months, and any medications prescribed for long-term continuous use, and any other information of which the teacher or staff should be aware:

ADMISSION REQUIREMENT

The following must be presented when you enroll your child in school. You may bring this information to the office within one week of enrollment.

PARENT'S STATEMENT: My child was examined within the past year by a licensed physician and is able to participate in school activities and the day care program.

Name of physician Address of clinic

ADDITIONAL INFORMATION

AFTER SCHOOL DAYCARE STUDENTS ONLY Please select daycare status:

_____ Everyday _____ Drop-In _____ None

I, _____, authorize the following person(s) to pick up my child, _____, from school and/or day care. **I understand that photo ID may be requested for any person picking up my child.** (Be sure to include yourself and your spouse on this list.)

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

1. Unless you hear from us, upon receipt of this form and registration fee, your child is automatically enrolled in Odessa Christian School. We reserve the right to refuse service to anyone.
2. Please refer to Odessa Christian School Student Handbook for information on dispensing of medications.
3. **REGISTRATION FEES ARE DUE UPON RECEIPT OF THIS REGISTRATION FORM AND ARE NOT REFUNDABLE.**
4. Annual Tuition due monthly to SMART Tuition Management. **Non-Refundable. We do not pro-rate.**
5. **TUITION WILL BE CHARGED UP TO THE DATE THE OFFICE IS OFFICIALLY NOTIFIED OF WITHDRAWAL.**
6. **IF ODESSA CHRISTIAN SCHOOL HAS TO PLACE YOUR ACCOUNT FOR COLLECTIONS AT A COLLECTION AGENCY AND/OR WITH AN ATTORNEY, YOU WILL BE RESPONSIBLE FOR ANY REASONABLE COLLECTION AND/OR ATTORNEY FEES IN ADDITION TO THE AMOUNT OWED ON THE ACCOUNT.**
7. I release Odessa Christian School and Day Care from any liability or from conditions or circumstances beyond its control for my child during the school year, including day care and during any school sponsored field trip. **I HAVE READ THE ABOVE INFORMATION AND AGREE IN TOTAL.**

Father's Signature _____ Mother's Signature _____ Date _____

Odessa Christian School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students of the school. SPECIAL NOTE: Additional policy statements are available upon request. Please contact the administrative offices if you desire this information.