

Registration Form
2009-2010

(Please Print)

Grade _____

Student's Last Name _____ First _____ M.I. _____

Known as _____

Age _____ Male/Female _____ Birth Date _____ SS# _____

Address _____ City _____ Zip _____

P.O. Box _____ Home Phone _____

Family's E-mail _____

Father's First and Last Name

Mother's First and Last Name

Employer

Occupation

Employer

Occupation

Work Phone

Cell Phone

Work Phone

Cell Phone

Father's E-mail

Mother's E-mail

If divorced, with whom does the child live? _____

Responsible person to contact if parent cannot be reached: _____

Child's Physician _____ Phone _____

Church now attending _____ Denomination _____

Previous school attended _____ School address _____

STATEMENT OF COOPERATION

In making application for my child, it is my desire to have him/her complete the school year 2008-2009. I understand that in order to support the high academic standards of the school that I agree to provide encouragement to my child at home to study and complete all homework assignments. I appreciate and agree to support the school's regulations to employ such discipline as deemed necessary to uphold their high standards concerning students showing respect for school personal and property, not using profanity and obscenity, and honoring God, Jesus Christ, and the Bible. I understand that the school has the right to suspend or dismiss any child who fails to comply with the established rules of discipline, or whose financial obligations are not met. I also understand that it is policy of the school to make no refunds on Registration or Tuition Fees.

I give my permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve Pine Drive Christian School and Pine Drive Community Church from liability to me or my child because of any injury to my child at school or during any school activity.

Father's Signature Date

Mother's Signature Date

Medicine Dispensing Authorization

In the event students become ill while at school (headache, stomachache, toothache, etc.) we are prepared to administer age-appropriate doses of Tylenol, ibuprofen, Tums, Pepto-Bismol, etc. with your permission. Please sign the statement below that reflects your wishes regarding this matter.

A.) Please give my child medication when requested

B.) Please **DO NOT** give my child medication when requested

C.) Please **CALL** before giving my child medication

If your child has allergies, please list them below. _____

If your child has any physical defects which may require special attention, please list them below. _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In the event I cannot be reached to make arrangements for emergency medical care at the time of an illness or accident, I hereby authorize a member of the Pine Drive Christian School staff to take my child to the nearest doctor, hospital, or emergency facility.

Insurance Company: _____

Policy Number: _____

Parent/Guardian Signature

Date

Statement of Non-Discrimination

Pine Drive Christian School admits students of any race, color, nationality, and ethnic origin to all the rights, privileges, programs and activities made available to students of the school. It does not discriminate on the basis of race, color, nationality or ethnic origin in the administration of its educational policies, admission policies, or any other school administered programs. We do reserve the right to admit only those students whose educational needs can be met by the school.

(New Registrants Only)

Referred to Pine Drive Christian School by: _____

List Sibling's Names Who Attend PDCS:

Name	Grade	Name	Grade
Name	Grade	Name	Grade

Student Release Authorization Form

Due to our desire to protect your child and to avoid any liability against the school, we will not be able to release your child to anyone other than those persons listed below:

Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

In case you have an emergency and must ask someone other than above listed person to pick up your child, you must send WRITTEN authority.

PLEASE NOTE: We will not be able to release your child with only verbal authorization.

Parent/Guardian Signature

Date

