faith-family-friends
Oak Grove Christian School

OAK GROVE CHRISTIAN SCHOOL APPLICATION for ENROLLMENT

Today's Date _____

FOR OFFICE USE ONLY

Date Received _____
Time _____
Cash or Check # _____

$100 Non-refundable Registration Fee is required
After March 15, Registration Fee is $125

Student's Full Name: _____
Last First Middle Answers to

Student's Address: _____

Mailing Address: _____
If different from street address

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

Entering Grade (20-21): _____ IEP/504 Plan: Yes_____ No___

School District in which you reside: _____ Previous School & District: _____

PARENT/GUARDIAN CONTACT INFORMATION **Parent/Guardian Email:** _____

Mother's Name _____ Home Phone (___) ___-_____

Home Address _____ Cell Phone (___) ___-_____

City/State/Zip _____ Lives with Student? Yes _____ No _____

Employer/Occupation _____ Work Phone (_____) _____

PARENT/GUARDIAN CONTACT INFORMATION **Parent/Guardian Email:** _____

Father's Name _____ Home Phone (___) ___-_____

Home Address _____ Cell Phone (___) ___-_____

City/State/Zip _____ Lives with Student? Yes _____ No _____

Employer/Occupation _____ Work Phone (___) _____

OTHERS AUTHORIZED TO PICK UP

Name _____ Home Phone (___) _____

Relationship to the student _____ Cell Phone (___) _____

Name _____ Home Phone (___) _____

Relationship to the student _____ Cell Phone (___) _____

CUSTODY (Documentation required if any of these situations exist):

☐ Birth parents legally separated
☐ Divorced, shared parenting plan
☐ Divorced, mother residential parent for schooling
☐ Divorced, father residential parent for schooling
☐ Mother single at time of birth
☐ Father listed on birth certificate
☐ Grandparent Power of Attorney
☐ Grandparent Affidavit
☐ Legal Guardian
☐ Foster parent

Other: _____