

OAK GROVE CHRISTIAN SCHOOL APPLICATION for ENROLLMENT

FOR OFFICE USE ONLY

\$125 Non-refundable Registration Fee is required

After April 15, Registration Fee is \$175

Date Received _____
Time _____
Cash or Check # _____

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 (24-25): _____ 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: _____

Nondiscriminatory Policy Oak Grove Christian School admits students of any race, color, and national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, or national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.



STUDENT LIVES WITH (Check all that apply):

- Birth parents Birth mother only Birth father only Birth mother & stepparent
- Birth father & stepparent Shared parenting goes between homes Legal Guardian (court order)
- Grandparent with POA (filed in court) Grandparent with Affidavit (filed in court)

NAMES AND AGES OF OTHER CHILDREN IN THE FAMILY: _____

DOES YOUR CHILD HAVE ANY SPECIAL PHYSICAL CONDITIONS OR ALLERGIES WE SHOULD BE AWARE OF? Yes No

All Students:

Ethnicity: Is the student Hispanic/Latino? Yes No

- Race:** (Check all that apply):
- Caucasian American Indian/Alaskan Native
 - Asian Black/African American Native Hawaiian or Other Pacific Islander
 - Multi-racial

Military: Parent(s) in military Branch: _____ Active Duty Non-Active

What is your religious preference and/or what church do you attend? _____

Please share with us the values and general beliefs about God that you hope your child will learn while at OGCS.

Regarding your child’s educational experience, what academic concerns/goals do you have for your child this year?

I attest to the accuracy of the information provided for the purpose of school enrollment.

Parent/Guardian (Print) _____

Parent/Legal Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY: DOCUMENTS NEEDED FOR ENROLLMENT

- Birth Certificate Immunization Records
- Custody/Guardianship (All pages of court order must be presented for enrollment)