



2017-2018 Registration Form

Returning Student Sibling New Student

Due with this Registration Form:

1. **Registration Fee** (cash or check only). This is non-refundable if we offer you a class placement.
2. **Payment Authorization Form with voided check attached.** (All families must enroll in e-tuition. Returning families can just confirm that it is the same account and sign the form).
3. **State Immunization Form** (Print out from the doctor will not be accepted unless they are on the state form. Please transfer the dates to the Certificate of Immunization Form before registering. Registration will not be accepted without this).

Student Information: Child's Name: First _____ Middle _____ Last _____

Age _____ (as of Aug. 31, 2017) Date of Birth _____ Gender: M____ F____ Preferred First Name _____

Ethnicity: White____ Black____ Asian-Pacific Islander____ American Indian____ Hispanic____ Other_____

New Students: Name of previously attended school? _____

For current students: Number of Years Attending First Pres: _____ (1 point each) Month and Year of Enrollment: _____

How many siblings does this child have that are currently students in the school? (1 point each – not entering siblings) _____

Church Affiliation: (1 point)

Member / Attendee of First Presbyterian Church: Yes____ No____

Other First Pres. Affiliation (MOPS; Barton School; Toddler Time) _____

Alumni (not current families)

Names of children who previously attended FPCS: _____ (1 point for each child)

Total Points:

Parent/Guardian Information:

Student resides with: Both Parents____ Father____ Mother____ Guardian____

Parent/Guardian _____ Parent/Guardian _____
First MI Last First MI Last

Home Address _____ Home Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home Phone _____ Cell #: _____ Home Phone _____ Cell #: _____

Primary Email address (where statements and info should be sent) _____

Secondary Email address (for information and email/newsletters only) _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Work Phone Number _____ Work Phone Number _____

Alternative Emergency Contact: Name _____ Phone _____

Parent or Guardian Signature _____ Parent or Guardian Signature _____

