



## 2018-2019 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 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, 2018) 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 \_\_\_\_\_

