

Date: ___/___/___
 School Year: _____-_____

Open Door Christian Academy

Enrollment Form

New Enrollment Re-Enrollment

Office Only:
 OPD GL
 OCT ORR

Student Name (Last, First, Middle) _____ Called By _____ Grade to Enter _____

___/___/___ Birth Date Speaks English: <input type="radio"/> Yes <input type="radio"/> No	<u>Gender:</u> <input type="radio"/> Male <input type="radio"/> Female	<u>Student's Primary Residence:</u> <input type="radio"/> Both Parents <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Other: _____	<input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> Hispanic <input type="radio"/> White <input type="radio"/> Other: _____
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Father/Guardian's Name _____ Father/Guardian's Email _____ Father's Cell # _____

Father/Guardian's Address _____ City/State/Zip _____ Father's Work # _____

Mother/Guardian's Name _____ Mother/Guardian's Email _____ Mother's Cell # _____

Mother/Guardian's Address (if different than Father's) _____ City/State/Zip _____ Mother's Work # _____

Student Health Issues (if any) _____

(continued on other side)

Date: ___/___/___
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Father/Guardian's Name _____ Father/Guardian's Email _____ Father's Cell # _____

Father/Guardian's Address _____ City/State/Zip _____ Father's Work # _____

Mother/Guardian's Name _____ Mother/Guardian's Email _____ Mother's Cell # _____

Mother/Guardian's Address (if different than Father's) _____ City/State/Zip _____ Mother's Work # _____

Student Health Issues (if any) _____

(continued on other side)

Emergency Contacts (Other than Parents/Guardians)

1st Contact - Full Name

Relationship to Student

Phone #

Authorized to pick up student from school

NOT Authorized to pick up student from school

2nd Contact - Full Name

Relationship to Student

Phone #

Authorized to pick up student from school

NOT Authorized to pick up student from school

Physician's Name

City/State

Phone #

School Attended Last Year

City/State

In making this application for my child, I desire to have my child complete the school year listed on this application. It is also my understanding that the policy of the school is to make NO refunds or transfers on registration fees, the first tuition payment, or any tuition payments made in full. I also give permission for my child to take part in all activities of Open Door Christian Academy. I further agree to indemnify and hold Open Door Christian Academy harmless for any and all liability that may result from my child's attending or participating in all activities of Open Door Christian Academy.

Parent/Guardian Signature

Date

Parent/Guardian Name (Printed)

Emergency Contacts (Other than Parents/Guardians)

1st Contact - Full Name

Relationship to Student

Phone #

Authorized to pick up student from school

NOT Authorized to pick up student from school

2nd Contact - Full Name

Relationship to Student

Phone #

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Physician's Name

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Parent/Guardian Signature

Date

Parent/Guardian Name (Printed)