

## Covenant Christian High School Enrollment 2009-2010

**In order to simplify enrollment at Covenant Christian High School for the following school year, please complete this form and return by January 19, 2009.**

Name of Child(ren) Grade 9 - 12

Grade Next Year

Date of Birth

(For testing purposes, we need the complete legal name and middle initial)

- |    |       |       |       |
|----|-------|-------|-------|
| 1. | <hr/> | <hr/> | <hr/> |
| 2. | <hr/> | <hr/> | <hr/> |
| 3. | <hr/> | <hr/> | <hr/> |

- **Name of Parent(s)/Guardian(s):** \_\_\_\_\_

Complete Home Address (include city, state and zip): \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

- **Siblings:**

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

- **Church Membership:** \_\_\_\_\_

**Address:** \_\_\_\_\_

(If your church home changes during the school year, please notify the office.)

Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

- **For Emergency Reasons...**

Father's Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

- **Person to call if parents cannot be reached:** \_\_\_\_\_

Relationship \_\_\_\_\_ **Phone:** \_\_\_\_\_

- **Family Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

- **Health Issues or Allergies:** \_\_\_\_\_

- **Our children will be using the CCHS / DMC Bus Service:** Yes No

- **First Christian Reformed Church of DeMotte Members – Participating in CEF Fund?** Yes No