

Stephenville Christian School

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Stephenville, Texas 76401

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Website: www.stephenvillechristianschool.com

2022 - 2023 Registration Form

Student's Full Name _____ Birthdate _____

Student's Age by September 1, 2022 _____ Grade Level for 2022 - 2023 _____ Gender _____

Father's/Guardian's Name _____

Mother's/Guardian's Name _____

Student's Mailing Address _____ City _____ Zip Code _____

Physical Address (if different) _____ City _____ Zip Code _____

Home Phone Number _____ E-Mail Address _____

Student's Social Security # _____

Emergency Contact Information

Father's Employer/Occupation _____

Father's Work Phone# _____ Father's Cell Phone# _____

Mother's Employer/Occupation _____

Mother's Work Phone# _____ Mother's Cell Phone# _____

If parents cannot be reached, who else may the school contact in case of an emergency?

Name _____ Relationship _____

Home Phone# _____ Cell# _____ Work# _____

Name _____ Relationship _____

Home Phone# _____ Cell# _____ Work# _____

Which church do you attend? _____

Please complete the back of this page.

For PreK3-4, please circle the following program option that you prefer:

Full day/5 days per week (Mon.-Fri.) OR Full day/3 days per week (Mon., Wed., & Fri.)

½ Day/5 days per week (Mon.-Fri.) OR ½ Day/3 days per week (Mon., Wed., & Fri.)

Extended Care

Do you plan to put your child in our After School Extended Care program (3:30-5:30)? _____

Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician _____ Address: _____ Ph# _____

Name of Hospital _____ Address: _____ Ph# _____

List any special problems such as allergies, existing illness, previous serious illness, etc: _____

Please initial to show your agreement with each of the following statements:

_____ I give permission for my child's picture and/or name to be used in publications to promote the school or to inform the public about school activities, etc. These may be released through any form of media presentation.

_____ I give permission for my child's picture (without a name) to be used on the school's website or other educational websites to promote the school.

_____ I give permission for my child to use the internet while at school with teacher supervision.

_____ I give permission for my child to participate in school sponsored/supervised off campus field trips/activities.

_____ I have provided (will provide) SCS with a copy of my child's most recent immunization record that shows that he/she has received all of the required vaccinations. I understand that this copy must have a doctor's signature or clinic stamp to be valid.

_____ I understand that the parents/guardians of any students withdrawing during the school year are obligated to pay all of the tuition fees for the remainder of the school year. (Exceptions made with board approval)

_____ My signature below indicates my agreement with the SCS vision and policies, and my willingness to support SCS in my prayers. I will faithfully uphold the Christian lifestyle in my home, and be faithful to my church.

Signature _____ Date _____