

Stephenville Christian School

1120 County Road 351
Stephenville, Texas 76401

Phone: 254.965.4821 Fax: 254.965.6853 E-mail: stephenvillechristianschool@gmail.com
Website: www.stephenvillechristianschool.com

2023 - 2024 Registration Form

Student's Full Name _____ Birthdate _____

Student's Age by September 1, 2023 _____ Grade Level for 2023 - 2024 _____ 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.)
8:10am – 3:15pm

OR

Full day / 3 days per week (Mon., Wed., & Fri.)
8:10am – 3:15pm

Extended Care

Do you plan to put your child in our After School Extended Care program (3:30-5:30)? Y / N / As Needed

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. (Does not apply to PreK – 6th grade).

_____ 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 only with board approval).

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

Providing false information on any portion of the Registration or New Family Application may result in an immediate dismissal from Stephenville Christian School.

Signature _____ **Date** _____