

# Stephenville Christian School

1120 County Road 351

Stephenville, Texas 76401

Phone: 254.965.4821 E-mail: info@stephenvillechristianschool.com

Website: www.stephenvillechristianschool.com

## 2024 - 2025 Registration Form

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Student's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Student's Age by September 1, 2024 \_\_\_\_\_ Grade Level for 2024 - 2025 \_\_\_\_\_ 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.

**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.: \_\_\_\_\_

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**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 – 6<sup>th</sup> 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** \_\_\_\_\_