

# New Testament Christian School

6746 34th Street, North Highlands, CA 95660

(916) 344-6463

An Affiliate of New Testament Baptist Church

## APPLICATION FOR ENROLLMENT

**Student's Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street City Zip Home Phone

**Date of Birth:** \_\_\_\_\_  
Month/Date/Year Current Age Grade Applying For

**Father's Name:** \_\_\_\_\_  
Last First Middle

**Phone:** \_\_\_\_\_  
Home Work Cellular

**Mother's Name:** \_\_\_\_\_  
Last First Middle

**Phone:** \_\_\_\_\_  
Home Work Cellular

### Previous School Attended:

\_\_\_\_\_  
Name Address/City/Zip Phone

### In the event of an emergency, please contact the following:

\_\_\_\_\_  
Last First Phone  
Relationship:  Family Member  Friend  Other: \_\_\_\_\_ Authorized to pick up child?  
 Yes  No

\_\_\_\_\_  
Last First Phone  
Relationship:  Family Member  Friend  Other: \_\_\_\_\_ Authorized to pick up child?  
 Yes  No

\_\_\_\_\_  
Last First Phone  
Relationship:  Family Member  Friend  Other: \_\_\_\_\_ Authorized to pick up child?  
 Yes  No

I hereby authorize the above person(s) to respond to the needs of my child in the event of an emergency.  
I further authorize the above person(s) to pick up my child from school.

\_\_\_\_\_  
Parent/Guardian Date

\_\_\_\_\_  
Parent/Guardian Date

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**Student's Name:**

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle

**Address:**

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone

**Date of Birth:**

\_\_\_\_\_ Month/Date/Year \_\_\_\_\_ Current Age \_\_\_\_\_ Grade Applying For

**Person Responsible for child:**

\_\_\_\_\_

**Father's Name:**

\_\_\_\_\_

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**Phone:**

| Last  | First | Middle   |
|-------|-------|----------|
| _____ | _____ | _____    |
| Home  | Work  | Cellular |

**Mother's Name:**

| Last  | First | Middle |
|-------|-------|--------|
| _____ | _____ | _____  |

**Special Instructions:** \_\_\_\_\_  
\_\_\_\_\_



## PERSONS TO CALL IN AN EMERGENCY

|                                                                                                                            |       |                              |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------|-------|------------------------------|---------------------------------------------------------------------|
| _____                                                                                                                      | _____ | _____                        | _____                                                               |
| Last                                                                                                                       | First | Home Phone                   | Business Phone                                                      |
| Relationship: <input type="checkbox"/> Family Member <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____ |       | _____                        | _____                                                               |
|                                                                                                                            |       | Authorized to pick up child? | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| _____                                                                                                                      | _____ | _____                        | _____                                                               |
| Last                                                                                                                       | First | Home Phone                   | Business Phone                                                      |
| Relationship: <input type="checkbox"/> Family Member <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____ |       | _____                        | _____                                                               |
|                                                                                                                            |       | Authorized to pick up child? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| _____                                                                                                                      | _____ | _____                        | _____                                                               |
| Last                                                                                                                       | First | Home Phone                   | Business Phone                                                      |
| Relationship: <input type="checkbox"/> Family Member <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____ |       | _____                        | _____                                                               |
|                                                                                                                            |       | Authorized to pick up child? | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

## PHYSICIAN/DENTIST TO BE CALLED IN AN EMERGENCY

|           |         |           |                 |
|-----------|---------|-----------|-----------------|
| _____     | _____   | _____     | _____           |
| Physician | Address | Medical # | ( ) Telephone # |

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Dentist

Address

Provider / Medical #

( ) Telephone

**If physician can not be reached, what action should be taken?**

Call Emergency Response/Ambulance

Other \_\_\_\_\_

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