SPA CHRISTIAN SCHOOL

FAMILY APPLICATION

Family Name _____ Phone #_____

Address _____ How long has family lived at this address? _____

_____ Does child(ren) live with both parents? _____

School District _____ Email _____

Father's Name _____ Mother's Name _____

Address _____ Address _____

_____ _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Work Phone # _____ Work Phone # _____

Education: High School _____ years Education: High School _____ years

College _____ years College _____ years

Family Church _____ Pastor's Name _____

Address of Church _____Phone #_____

Names and dates of birth of all children in the family:

Name	DOB	Name	DOB

Why do you desire to enroll your child(ren) in Spa Christian School?

_____

_____

_____

Explain your relationship with the Lord. _____

_____

_____

_____

_____

_____

(Please turn over)

"...working with church and family to train children for Christ."

Grandparent information:

1. Name _____

   Street _____

   City/State/Zip _____

2. Name _____

   Street _____

   City/State/Zip _____

Release:

On occasion, we may wish to include photographs or the voice of your child(ren) in promotional materials, in our school newsletter (The Beacon), on our web-site (www.spachristian.org), in the newspaper, or on radio or television. Please sign below to give us permission to print a photo or use the voice of your child(ren):

I/we understand that my/our child's likeness or voice may be photographed or taped in the course of school activities. I/we hereby give consent for the school to use my/our child's likeness or voice in promotional and/or advertising materials or activities.

Father's Signature _____

Mother's Signature _____

Date _____