

SPA CHRISTIAN



FAMILY APPLICATION (one per family)

Family Name _____ Phone # _____

Address _____ How long has family lived at this address? _____
Does child(ren) live with both parents? _____

School District _____

Father's Name _____ Mother's Name _____

Address _____ Address _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Work Phone # _____ Work Phone # _____

Education: High School _____ years
College _____ years

Education: High School _____ 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)

Where children learn to love and love to learn.

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.com), 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 _____