

# Great River Christian School

## Family/Student Information Form

\_\_\_ New student (\$50 each)

\_\_\_ Returning student  
(\$50 each if not pre-registered by 5-1-17)

This form must be **COMPLETED** and returned to GRCS, along with the \$50 non-refundable application fee. All students are on a 6 week probationary period.

Today's Date \_\_\_\_\_ Enrollment for school year \_\_\_\_\_

E-mail address \_\_\_\_\_ (please print clearly)

**Newsletters are sent via EMAIL and SYCAMORE. If you want a PAPER COPY, please check here \_\_\_\_\_.**

### NAME(S) OF ALL CHILDREN REGISTERING AT GRCS:

(circle one)  
\_\_\_\_\_  
Male or Female grade \_\_\_\_\_ birth date: \_\_\_\_\_  
\_\_\_\_\_  
Male or Female grade \_\_\_\_\_ birth date: \_\_\_\_\_  
\_\_\_\_\_  
Male or Female grade \_\_\_\_\_ birth date: \_\_\_\_\_  
\_\_\_\_\_  
Male or Female grade \_\_\_\_\_ birth date: \_\_\_\_\_  
\_\_\_\_\_  
Male or Female grade \_\_\_\_\_ birth date: \_\_\_\_\_  
\_\_\_\_\_  
Male or Female grade \_\_\_\_\_ birth date: \_\_\_\_\_

PARENT/GUARDIAN NAMES \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE # (father) \_\_\_\_\_ CELL PHONE COMPANY \_\_\_\_\_

CELL PHONE # (mother) \_\_\_\_\_ CELL PHONE COMPANY \_\_\_\_\_

FATHER'S PLACE OF EMPLOYMENT \_\_\_\_\_ PHONE # \_\_\_\_\_

MOTHER'S PLACE OF EMPLOYMENT \_\_\_\_\_ PHONE # \_\_\_\_\_

CHURCH YOU ATTEND \_\_\_\_\_

PASTOR'S NAME \_\_\_\_\_

**(Please complete reverse side of this form)**

Revised 2/02/2017

**FOR STUDENTS IN GRADES 1-12 NEW TO GRCS, PLEASE LIST NAME AND ADDRESS (if not local) OF SCHOOL YOUR CHILD(REN) ATTENDED LAST YEAR SO WE CAN REQUEST THEIR RECORDS TO BE TRANSFERRED:**

\_\_\_\_\_

**HAVE ANY OF YOUR STUDENTS ENROLLING AT GRCS EVER BEEN SUSPENDED/EXPELLED?**

\_\_\_\_\_ Yes (please list student name and explain below) \_\_\_\_\_ No

If yes, please list name and explanation: \_\_\_\_\_

**PUBLICATIONS RELEASE**

Great River Christian School has permission to use my student(s) name(s) and/or picture in GRCS publications and/or website.

\_\_\_ Yes \_\_\_\_\_ No

Great River Christian School has permission to use my student(s) name(s) and/or picture in public newspaper publications.

\_\_\_ Yes \_\_\_\_\_ No

**EMERGENCY PHONE(S):**

\_\_\_\_\_ Phone number \_\_\_\_\_ person answering/relationship to student

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**PEOPLE WHO ARE ALLOWED TO PICK UP YOUR CHILD(REN):**

\_\_\_\_\_  
\_\_\_\_\_

**PEOPLE WHO ARE NOT AUTHORIZED TO PICK UP YOUR CHILD(REN):**

\_\_\_\_\_

**FIELD TRIP CONSENT**

I/We, the parents/guardians of the children attending GRCS listed on the front of this form, give permission for said children to participate in any field trip (in a vehicle or walking) sponsored by Great River Christian School and supervised by GRCS personnel. I give permission for my child(ren) to receive medical treatment in the unlikely event of an accident or emergency. I understand that every effort is made to ensure the safety of our students and realize there is an element of risk in any kind of trip or activity. I will not hold Great River Christian School or any of the staff and chaperones liable for any injury that could occur.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_