

CENTRAL BAPTIST SCHOOL

Re-enrollment Application

Student Information			
Full Name:			
Date of birth:	Social Security #:	Gender: Male Female (please circle)	
Student Current Address:			
City:	State:	Zip Code:	
Grade Level for 2016-2017:			
Family Phone:	Family Email Address:		
Student's- County of Residence:	Dismissed or suspended from school? YES NO (please circle)		
Religious Information:			
Current Church Attending:			
Church address:			How long?
City:	State:	Zip Code:	
Pastor:	Phone:		
Member? YES NO (please circle)	Attend regularly? YES NO (please circle)		
Emergency Contact			
Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			
Family/Guardian Information:			
Mother's/ (Guardian) Name:		Lives with student: YES NO (please circle)	
Mother's Employer	Home Phone:	Work Phone:	
Current address:			
City:	State:	ZIP Code:	
Father's/ (Guardian) Name:		Lives with student: YES NO (please circle)	
Father's Employer:	Home Phone:	Work Phone:	
Current address:			
City:	State:	ZIP Code:	
Custody Information:			
Both Parents: YES NO (Please circle one)			
Divorced with joint custody: YES NO (Please circle one)			
One Parent custody:	Print Name:	Full custody: YES NO (circle one)	
Note: If the biological parents are divorced then the school must have a copy of the divorce decree signed by a judge of the			
decree pages which indicate custody placement. Please submit with this form.			
Financial Information: (Person responsible for payment of tuition through FACTS)			
Name:		Address:	Phone:
Signature of Parent:			Date:
Signature of Parent:			Date: