PLEASE CHECK:

_____Returning student
_____Alumni
_____Church Member
_____PMO
_____MOPs
_____New Student

First Presbyterian Day School

REGISTRATION: Student Information Form
2017-2018

Student's Full Name: _____
(First) (Middle) (Last)

Gender: M / F **Birth Date:** _____/_____/_____

Preferred Nickname:_____
*****This is the name we will use when we refer to your child, when we label items with their name, & will be the name we use when we teach your child to write their name unless you indicate otherwise.**

Mother or Parent 1 Name: _____

Street Address: _____

City: _____ **Zip Code** _____

Preferred Phone #: _____

Email Address: _____

Father or Parent 2 Name: _____

Street Address: _____

City: _____ **Zip Code** _____

Preferred Phone #: _____

Email Address: _____

Best Contact Email Address for School Communication:

_____

You will receive a welcome packet by mail in late July with a more detailed enrollment form as well as other essential forms. Copies of your child's birth certificate, Immunization Form (Blue #DH680) and Student Health Examination Form (Yellow #DH 3040) must also be submitted to our office before your child begins school.

1-17-17