



THUNDER BAY CHRISTIAN SCHOOL-ENROLLMENT FORM

Name of Student: _____
(Last) (First) (Middle)

Date of Birth: _____ Grade Placement: _____

Address: _____ Postal Code: _____

Telephone: _____ Cell: _____ (mom) _____ (dad)

E-mail: _____

Family Doctor: _____ Health # _____

Address: _____ Telephone: _____

Health: Hearing _____ Other: _____
Sight _____
Allergies _____

Father's Name: _____ Occupation: _____

Father's Employer: _____ Telephone: _____

Mother's Name: _____ Occupation: _____

Mother's Employer: _____ Telephone: _____

Religious Denomination: _____

of older brothers: _____ # of older sisters: _____
of younger brothers: _____ # of younger sisters: _____

Name and telephone of person who can be reached in case you cannot be reached during an emergency: _____

Name and address of last school attended: (if applicable): _____

**Please supply the school with copies of the latest report card, any recent standardized tests and IEP (if applicable).

Hobbies and other interest of student: _____

Remarks: _____

(Parent's signature) Date: _____