



# MIDWAY COVENANT CHRISTIAN SCHOOL

## RE-ENROLLMENT APPLICATION

**K4/3day K4/5day K5/half day K5/full day OR Rising \_\_\_\_\_ Grade**

### STUDENT INFORMATION

Name \_\_\_\_\_ Sex: \_\_\_\_\_ F \_\_\_\_\_ M  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### SIBLINGS

Name	Age	Grade	School

### PARENT INFORMATION

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_  
If different from above

Address \_\_\_\_\_  
If different from above

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Marital Status \_\_\_\_\_

Marital Status \_\_\_\_\_

Student lives with \_\_\_\_\_ Dad \_\_\_\_\_ Mom \_\_\_\_\_ Both Parents

If divorced, are there restrictions on custody, visitation, etc. of which we should be aware?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please specify: \_\_\_\_\_

**PLEASE FILL IN THIS FORM COMPLETELY SO WE MAY UPDATE OUR RECORDS.**

**CHURCH INFORMATION**

Father's Church Affiliation \_\_\_\_\_ Member: Yes \_\_\_ No \_\_\_

Mother's Church Affiliation \_\_\_\_\_ Member: Yes \_\_\_ No \_\_\_

**STUDENT HEALTH FORM** ~ **Complete if there have been any changes in the last year.**

Today's Date \_\_\_\_\_ Updated \_\_\_\_\_ No Update Necessary

List any current health problems \_\_\_\_\_

Allergies (please specify) \_\_\_\_\_

Does your child have any allergic reactions to any medicines? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what? \_\_\_\_\_

Does your child have any physical limitations? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Does your child have any hearing difficulties? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Does your child have any visual problems? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Should your child wear glasses in school? YES \_\_\_\_\_ NO \_\_\_\_\_

Does your child have any unusual health problems? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does your child have any physical, emotional or attention problems which require special medication or limited participation in certain activities? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_