

Salem Christian Academy

Student Information

Enrollment Form

School Term: _____

_____ Returning _____ New _____ Change of Information
(Use ballpoint pen and press firmly)

Student Name: _____
Last First Middle

Grade Level: _____ Date of Birth: _____ Gender: _____ SSN: _____

Name of siblings attending S.C.A.: _____

Please list any allergies or medical conditions that your child may have:

Primary Family Information

Parent(s)/Guardian(s): _____

Home address: _____

City

State

Zip Code

County

Home Phone: _____ E-Mail: _____

Mom Cell Phone: _____ Dad Cell Phone: _____

Mom Business Phone: _____ Dad Business Phone: _____

Church Affiliation: _____

Emergency Contacts (other than parent(s)/guardian(s))

1. Contact Name: _____ Relationship: _____

Home Phone: _____ Work: _____ Cell: _____

2. Contact Name: _____ Relationship: _____

Home Phone: _____ Work: _____ Cell: _____

3. Contact Name: _____ Relationship: _____

Home Phone: _____ Work: _____ Cell: _____

Pickup Information (persons authorized to pickup children from school other than parents)

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

For Office Use Only

Date Received _____ Received By _____

White - Office

Yellow - Teacher

Pink - Finance