



Christian Academy Schools
APPLICATION FOR ENROLLMENT 2013-2014
 2151 W. Russell Rd.
 Sidney, OH 45365

(To be completed and returned with a non-refundable \$200.00 registration fee per family.)

1. Students enrolling in CAS for 2013-2014:

Student Name _____ 2013-2014 Grade _____ Birth date _____
 Last First Middle

Student Name _____ 2013-2014 Grade _____ Birth date _____
 Last First Middle

Student Name _____ 2013-2014 Grade _____ Birth date _____
 Last First Middle

Student Name _____ 2013-2014 Grade _____ Birth date _____
 Last First Middle

2. Parent information and current address and phone numbers:

Father: _____

Mother: _____

Custodial Parent Yes No N/A

Custodial Parent Yes No N/A

Address: _____

Address: _____

Phone: _____

Phone: _____

Home Cell

Home Cell

Employer _____

Employer _____

Work Phone Number _____

Work Phone Number _____

e-mail: _____

e-mail: _____

3. Permission (please initial)

_____ My child has permission to use the transportation provided for school sponsored activities. Field trips will be announced in the newsletter and in each homeroom.

_____ CAS has permission to use my child's pictures in any promotional material - printed or electronic. No names will be associated with pictures in electronic form.

4. Emergency Instructions

If I cannot be reached for emergency medical attention in the event of illness or accident, I hereby authorize Christian Academy Schools to take my child to:

| Doctor | Address | Telephone # |
|--------|---------|-------------|
|--------|---------|-------------|

| Hospital or Clinic | Address | Telephone # |
|--------------------|---------|-------------|
|--------------------|---------|-------------|

Please list all your child's current medical concerns including allergies, impairments, and necessary medications and any conditions that would be pertinent to us or a physician in providing well-being and care for your child.

| Child's Name | Special Note |
|--------------|--------------|
|--------------|--------------|

| Child's Name | Special Note |
|--------------|--------------|
|--------------|--------------|

| Child's Name | Special Note |
|--------------|--------------|
|--------------|--------------|

| Child's Name | Special Note |
|--------------|--------------|
|--------------|--------------|

If parents cannot be reached, please contact:

| Person to call | Relationship | Home phone # | Cell / Work phone # |
|----------------|--------------|--------------|---------------------|
|----------------|--------------|--------------|---------------------|

| Parent's Signature | Date | E-Mail |
|--------------------|------|--------|
|--------------------|------|--------|