

OLYMPIC CHRISTIAN SCHOOL

43 O'Brien Rd., Port Angeles, WA 98362

360-457-4640

2016-17

ENROLLMENT APPLICATION

Office Use Only

Date Rec'd _____

Reg/App Fee Rec'd _____

Interview Date _____
Administrator's Interview

Date Accepted _____

Grade _____

Referred by: _____

Please circle grade(s) student(s) is entering:

The following information is needed for the school records. By drawing a line through the space or writing "none" in spaces not relating to you, we know you have not omitted anything.

PS Pre-K K 1 2 3 4 5 6 7 8

• **Student's full name** _____ Age _____
(last first middle)

[] Boy [] Girl Date of Birth _____ Birthplace _____
month/day/year

• **Student's full name** _____ Age _____
(last first middle)

[] Boy [] Girl Date of Birth _____ Birthplace _____
month/day/year

• **Student's full name** _____ Age _____
(last first middle)

[] Boy [] Girl Date of Birth _____ Birthplace _____
month/day/year

• **Student's full name** _____ Age _____
(last first middle)

[] Boy [] Girl Date of Birth _____ Birthplace _____
month/day/year

Home Address _____
(street, city, state, zip)

Mailing Address: (if different from home address):

(street, city, state, zip)

E-mail address: _____

Status of Parents: [] married, [] divorced, [] separated, [] remarried, [] single

Name of Father/Guardian _____ Home phone _____

Employer _____ Work phone _____ Cell Phone _____

Name of Mother/Guardian _____ Home phone _____

Employer _____ Work phone _____ Cell Phone _____

School last attended _____

School address _____