

Enrollment Application

Year of Enrollment 20____/____



Olympic Christian School

O'Brien Rd, Port Angeles WA, 98362

office@olympicchristian.org

360-457-4640

Student Information

Last Name: _____ First Name: _____ Middle Initial: _____ Gender: M / F

Birth date (MM/DD/YYYY): _____ Grade to be entering: _____

Permission allowing photo, video audio, directory listing for school use and publicity: YES / NO

Permission for student internet access for educational purposes: YES / NO

Name and phone # of Doctor: _____

Does OCS have permission to give your student (check box to allow): Ibuprofen Tylenol Prescribed Medication: _____

Does student have: EPI Pen Glasses/Contacts Hearing Aid Devices

Allergies (please describe): _____

Learning Challenges (please describe): _____

IEP or 405 (please summarize): _____

... More students in your family? ...please circle **YES** ...then flip paper over and add the rest on back...→ → → → →

Parent / Guardian Info (primary contacts) Status of parents: married divorced separated remarried single

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ Home phone (if you have a LAN): _____

Email: _____

Cell Phone # & carrier (ATT, Verizon, etc. needed to receive texts): _____

Employer and work phone #: _____

Relation to Student: father____ mother____ grandparent____ guardian____ other____

Contact Phone #: _____ cell / home (circle one) Is texting okay Y / N

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ Home phone (if you have a LAN): _____

Email: _____

Cell Phone # & carrier (ATT, Verizon, etc. needed to receive texts): _____

Employer and work phone #: _____

Relation to Student: father____ mother____ grandparent____ guardian____ other____

Contact Phone #: _____ cell / home (circle one) Is texting okay Y / N

Party responsible for tuition: _____ Payment preference: Annual Semester 9 month 10 month 12 month

Emergency Contact Information

...this person has permission to pick up your child if needed: yes or no

Last Name: _____ First Name: _____ Middle Name: _____

Cell Phone#: _____ Home Phone #: _____

Employer and work #: _____

Relation to Student: aunt uncle grandparent guardian other _____

Additional Students

Student Information

Last Name: _____ First Name: _____ Middle Initial: _____ Gender: M / F

Birth date (MM/DD/YYYY): _____ Grade to be entering: _____

Permission allowing photo, video audio, directory listing for school use and publicity: YES / NO

Permission for student internet access for educational purpose: YES / NO

Name and phone # of Doctor: _____

Does OCS have permission to give your student (check box to allow): Ibuprofen Tylenol Prescribed Medication: _____

Does student have: EPI Pen Glasses/Contacts Hearing Aid Devices

Allergies (please describe): _____

Learning Challenges (please describe): _____

IEP or 405 (please summarize): _____

Student Information

Last Name: _____ First Name: _____ Middle Initial: _____ Gender: M / F

Birth date (MM/DD/YYYY): _____ Grade to be entering: _____

Permission allowing photo, video audio, directory listing for school use and publicity: YES / NO

Permission for student internet access for educational purposes: YES / NO

Name and phone # of Doctor: _____

Does OCS have permission to give your student (check box to allow): Ibuprofen Tylenol Prescribed Medication: _____

Does student have: EPI Pen Glasses/Contacts Hearing Aid Devices

Allergies (please describe): _____

Learning Challenges (please describe): _____

IEP or 405 (please summarize): _____

Student Information

Last Name: _____ First Name: _____ Middle Initial: _____ Gender: M / F

Birth date (MM/DD/YYYY): _____ Grade to be entering: _____

Permission allowing photo, video audio, directory listing for school use and publicity: YES / NO

Permission for student internet access for educational purposes: YES / NO

Name and phone # of Doctor: _____

Does OCS have permission to give your student (check box to allow): Ibuprofen Tylenol Prescribed Medication: _____

Does student have: EPI Pen Glasses/Contacts Hearing Aid Devices

Allergies (please describe): _____

Learning Challenges (please describe): _____

IEP or 405 (please summarize): _____