



Student Enrollment Form 24/25

Student Information

Student Name: _____ Date of Birth: _____

Home Address: _____ Primary
Phone: _____

Note: A copy of your child's birth certificate and immunization records is required for all enrolling students. If you are enrolling in Preschool or Kindergarten, a Commonwealth of Virginia School Entrance Health Form is required. All entering 6th Grade students will need a T-dap booster. If your child is transferring from another school, all previous records are required.

Parent/Guardian Information

Father/Guardian Name: _____ Primary
Phone: _____

Address: _____

Employment: _____ Work Phone: _____

Father's Email: _____

Mother/Guardian Name: _____ Primary
Phone: _____

Address: _____

Employment: _____ Work Phone: _____

Mother's Email: _____

Student History

Previous school attended: _____ Grade completed: _____

Has the student ever repeated a grade level? Please explain. _____

Has the student ever been suspended or expelled from school? If yes, please provide a brief explanation.

Transportation Information (Name of persons authorized to pick up student other than above.)

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____



Medical Information

Physician's Name: _____ Phone: _____

Insurance: _____ Policy Number: _____

Please answer the following:

Is your child being treated for an injury/sickness that requires medication?

Does your child have any food or medication allergies? If so, please list.

Does your child require a special diet? If so, please explain.

Can your child swim? _____

Does your child have a handicap that prevents him/her from participating in rigorous physical activity, including P.E.? Please explain. _____

Emergency Contacts (Emergency contacts must not live in the same household as the child.)

Name: _____ Relationship: _____

Phone: _____ Address: _____

Name: _____ Relationship: _____

Phone: _____ Address: _____

I understand that I will be notified in the event of a medical emergency involving my child. However, if my child should be injured or become sick and I cannot be reached, I authorize Mineral Springs Christian School's staff to obtain necessary medical treatment for my child. I understand that Mineral Springs Christian School will not be responsible for any medical expenses incurred, but I will be financially responsible for the treatment.

Parent/Guardian Signature

Date

How did you hear about our school?

_____ Referral from current or former MSCS family. Name: _____

_____ Referral from church or pastor. Name: _____

_____ Web Search

_____ Advertisement. Where? _____

_____ Other _____