



## Student Enrollment Form 25/26

### Student Information

Student Name:

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Date of Birth:

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Home Address:

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Primary  
Phone:

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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:

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Primary  
Phone:

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Address:

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Employment:

Work Phone:

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Father's Email:

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Mother/Guardian  
Name:

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Primary  
Phone:

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Address:

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Employment:

Work Phone:

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Mother's Email:

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### Student History

Previous school attended:

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Grade completed:

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

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

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

Name:

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Relationship:

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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 \_\_\_\_\_