

OAKWOOD CHRISTIAN SCHOOL

260 Oakwood Avenue
Troy, New York 12182
518-271-0493

www.oakwoodchristianschool.com

e-mail: oakwoodchristian@nycap.rr.com

STUDENT APPLICATION FOR K4, K-12TH GRADES

Name:

Date of birth:

Sex:

Phone:

Current address:

City:

State:

ZIP Code:

School Dist.:

Last Grade attended:

Any repeated grades:

FAMILY

Father/Legal Guardian:

Have you received Jesus Christ as Savior?

Address:

Occupation:

City:

State:

Work phone:

Cell phone:

E-mail:

Other:

Family Church:

Address:

City:

State:

Phone:

Pastor:

Mother/Legal Guardian:

Have you received Jesus Christ as Savior?

Cell phone:

Address:

Occupation

City

State:

Work phone:

Family Church:

Address:

City:

State:

Phone:

Pastor:

EMERGENCY CONTACT

Name:

Address:

Phone:

Cell phone:

OTHER INFO:

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I have read the Statement of Faith and am willing to have my child trained in accordance with them.

My cooperation is expected in faithful prayer and regular tuition payment. The administration has full responsibility for placing my child(ren) in the appropriate grade(s).

Any student transferring into our school will require placement testing and evaluation for special needs before this registration becomes valid.

The school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process. My child has permission to go on scheduled field trips and other school activities.

I will notify the school of any changes of the above information.

Signature:	Date:
Signature:	Date: