

SOUTHPORT CHRISTIAN SCHOOL

Early STUDENT REGISTRATION FORM

2018-2019 SCHOOL YEAR

\$200 Registration Fee due at time of Registration. (\$250 after 4/1/18)

This fee is non-refundable.

STUDENT INFORMATION

Student's Name: _____ Male _____ or Female _____

Date of Birth: _____ Age: _____

Grade entering: 3 year preschool _____ 4 year PreK _____ Grade (K-12) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email address #1 _____ Name _____

Email address #2 _____ Name _____

Email address #3 _____ Name _____

FAMILY INFORMATION

-Father's Name: _____ Address _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Place of Employment: _____

-Mother's Name: _____ Address _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Place of Employment: _____

Does your child use regular medication? _____ If yes, please list on the line below

Does your Child have any physical needs that will require special attention? _____

If yes, please explain : _____

Does the student have any learning disabilities or has previous school indicated a concern regarding this possibility (Y / N)? _____ If yes, please explain: _____

Has the student ever been expelled, suspended, or been involved in frequent disciplinary action? (Y / N) _____ If yes, please explain: _____

Parent's/Legal Guardian's Signature: _____ Date: _____

TUITION PAYMENT CHOICE: (check one that you plan to use)

_____ Pay in full by 7/1 to received 5% discount

_____ Enroll in SMART TUITION program for 10 month plan.

Payer name _____ Email _____

Payer address _____

Pay date (please circle one) 1st 10th 15th The FIRST TUITION PAYMENT is due July 1st.