

Registration Form
Ooltewah Adventist Kindergarten & School
(Fill in all blanks completely)

Date _____
Grade Entering _____ Social Security Number _____

PUPIL'S FULL LEGAL NAME _____
Last First Middle Name Child Goes By

Date of Birth _____ Place of Birth _____ Sex _____
M/F

Who Child Lives With _____ Relationship _____

Mailing Address _____

Street Address _____

Telephone Number _____ Church Child Attends _____

Date of Baptism _____ Marital Status of Parents _____

School Where Last Attended _____

School Address _____

TO CONTACT IN EMERGENCY _____

FAMILY INFORMATION

Father (Full Legal Name) _____

Address _____

Home Telephone _____ Work Telephone _____

Occupation _____ Education _____

Business Address _____

Place of Birth _____ Date of Birth _____

U.S. Citizen _____ Other Citizenship? _____

Baptized SDA? _____ Church Where Membership is Held _____

Mother (Full Legal Name) _____

Address _____

Home Telephone _____ Work Telephone _____

Occupation _____ Education _____

Business Address _____

Place of Birth _____ Date of Birth _____

U.S. Citizen _____ Other Citizenship? _____

Baptized SDA? _____ Church Where Membership is Held _____