



INFORMATION SHEET

(Please complete both sides)

Name of Child _____
Last First Middle

Full name of Father _____ Birthplace of Father _____

Full name of Mother _____ Birthplace of Mother _____
(including maiden)

Education completed by Father: High School _____ College _____ Community College _____
Education completed by Mother: High School _____ College _____ Community College _____

Date of birth of student: _____ Ethnicity _____ Name my child is to be called at school: _____

Place of birth of student: _____
City State County Country

Address of student: _____
Street City State Zip code

Telephone number of student: (_____) _____ Social Security Number of student: _____

Email _____

Number of children in student's family _____; How many older? _____ How many younger? _____

What is the primary language spoken in your home? _____

Occupation of Father _____ Occupation of Mother _____

Church Membership _____ Pastor's name: _____

Emergency Telephone Number of Parent _____ Family Doctor _____

Person to contact in case of emergency (not parent) _____ Telephone: _____

_____ Telephone: _____

Any information that you think would be helpful to be a part of a cumulative record, please list in the space below. (Allergies, medications, handicaps, etc.)

(over)

“Oskaloosa Christian School has a long history of community sacrifice and support for the school. Many of our school society members believe that it is the covenantal responsibility of the Christian community to train children according to God’s purpose. We ask that you provide the names and addresses below of your child’s grandparents so we can keep them informed of what is happening at our school. If they currently do not receive our monthly newsletter, the “Highlights”, we would like to mail it to them.

Name of Grandparents _____

Address _____
Street City State Zip Code

Church Membership _____

Name of Grandparents _____

Address _____
Street City State Zip Code

Church Membership _____