



# 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.

Name of Grandparents \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Church Membership \_\_\_\_\_

Name of Grandparents \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Church Membership \_\_\_\_\_