

Enrollment Form 2010/2011

Smyrna Christian School
302.653.2538

Grade Entering: _____ Birth Date: _____

Name: _____
 (Last) (Middle) (First)

Address: _____

Home Phone: _____

Parents' Email address: _____

Father's Name: _____

Employment: _____ Work Number: _____

Cell Phone Number: _____

Mother's Name: _____

Employment: _____ Work Number: _____

Cell Phone Number: _____

Emergency Name & Phone #: _____

Emergency Name & Phone #: _____

Family Church Affiliation: _____

List all family members and any others to whom SCS may release your child (if applicable).

1. A \$160.00 registration fee must accompany this form.
2. No refund of registration fee will be given.
3. Please notify the office immediately if any of the information above changes during the year.
4. By signing this form, I accept contractual responsibility for all tuition and fees as well as rules and requirements of the Student Handbook.

Parent's signature: _____

OFFICE USE ONLY:

Date registered: _____ Paid: _____ Received by: _____

Acceptance letter mailed: _____