



# Arlington Baptist School

## STUDENT REGISTRATION FORM

Returning Student    New Student/Current Arlington Family    New Student/New Family

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Birthday (M/D/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Entering: \_\_\_\_\_  Full Day or  Half Day (*K3-K5 only*)

Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

### Father

Dr./Rev./Mr./\_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Home: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Email: \_\_\_\_\_

### Mother

Dr./Mrs./Ms./\_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Home: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Email: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

### First Choice:

Dr./Rev./Mr./Mrs./Ms./\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work: (\_\_\_\_)\_\_\_\_-\_\_\_\_

## Second Choice:

Dr./Rev./Mr./Mrs./Ms./\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Home: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work: (\_\_\_\_)\_\_\_\_-\_\_\_\_

## Third Choice:

Dr./Rev./Mr./Mrs./Ms./\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Home: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work: (\_\_\_\_)\_\_\_\_-\_\_\_\_

## RESIDENCE INFORMATION

**With whom does this child reside?**  Father & Mother  Father  Mother  Other

Dr./Rev./Mr./Mrs./Ms./\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
Home: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Work: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Email: \_\_\_\_\_

## BILLING INFORMATION

**To whom is the bill addressed?**  Father & Mother  Father  Mother  Other

Dr./Rev./Mr./Mrs./Ms./\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
Home: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Work: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Email: \_\_\_\_\_

**I certify that the above information is true to the best of our knowledge.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

### Office Use Only

<i>Parent ID:</i>		<i>Date Paid:</i>		<i>Student ID:</i>		<i>Testing:</i>	
<i>School #:</i>		<i>Amount:</i>		<i>Document:</i>		<i>Interview:</i>	