



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

Parent ID:		Date Paid:		Student ID:		Testing:	
School #:		Amount:		Document:		Interview:	