



West Seneca Christian School

511 Union Rd., West Seneca, NY 14224

(716) 674-1820 | www.gowscs.com

Family Enrollment Form

2017-2018 FAMILY INFORMATION

Parent/Guardian's Names: _____

Address: _____

Home Phone: _____ School District: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Father's Place of Employment: _____ Phone: _____

Mother's Place of Employment: _____ Phone: _____

Church Family Attends: _____ Pastor's Name: _____

CHILDREN ENROLLING

	Full Name	Grade	Gender	Birth date	Age
1.)	_____	_____	_____	_____	_____
2.)	_____	_____	_____	_____	_____
3.)	_____	_____	_____	_____	_____
4.)	_____	_____	_____	_____	_____

Names and ages of children not enrolled _____

AGREEMENT

As parents/guardians, we have completed all procedures necessary for registration and give our permission to enroll the above named children for the school year indicated. We have read and understand the Financial Policies and agree to abide by them. The school also has our permission to release pictures of our child in school publications such as but not limited to the yearbook, newsletters, and the school web site.

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____

ENROLLMENT REQUIREMENTS CHECKLIST

For Office Use Only

- Application (New Students Only)
- Birth Certificate (New Students Only)
- Health History Form (New Students Only)
- Student Questionnaire (Secondary New Students Only)
- Course Selection Sheet (High School Students Only)
- Statement of Cooperation
- Emergency Contact Information Sheet
- Updated Immunizations
- Dental Examination Form (New entrants, students in PreK, K, 2, 4, 7, and 10)
- Annual Physical (New entrants, students in PreK, K, 2, 4, 7, and 10, and students participating in sports or seeking working permits)
- Registration Fee \$_____

FAMILY RECORDS

Office Use Only

- | | | | |
|---------------------------------|-----------------|----------------|----------------|
| ○ Gym Uniform | Paid_____ | Date_____ | Size/Name_____ |
| ○ Gym Uniform | Paid_____ | Date_____ | Size/Name_____ |
| ○ 1 st Semester Milk | Paid_____ | Date_____ | #_____ |
| ○ 2 nd Semester Milk | Paid_____ | Date_____ | #_____ |
| ○ Flashcards | Paid_____ | Date_____ | Type: A S M D |
| ○ Sports Fee | Paid_____ | Date_____ | #_____ |
| ○ Sports Fee | Paid_____ | Date_____ | #_____ |
| ○ Records | Requested _____ | Received _____ | |
| ○ Other _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |