

First Baptist Opelika Christian School

STUDENT ENROLLMENT APPLICATION

School Year _____

Father's Name _____

Mother's Name _____

Check which parent child(ren) live with if not both.

Name of guardian (if not parent) _____

Name of other parent (if applicable) _____

Family's address _____ Phone _____

City, State, Zip/County _____ E-mail _____

STUDENT(S) TO BE ENROLLED

Full Name (underline name he/she is called)	Date of Birth	Entering Grade	Previous School

OTHER CHILDREN IN FAMILY

Full Name (underline name he/she is called)	Date of Birth	Entering Grade	Reason Not Enrolled

OTHERS WHO LIVE IN HOUSEHOLD

Full Name _____ Relationship to Student _____

Have any students to be enrolled ever been diagnosed with learning disabilities or placed in special education? If yes, please explain. _____

Give names of parents with permission to see child's records.
