

Southeast Christian School

A Home School Program

APPLICATION FOR ENROLLMENT



Name of Student _____

Date of Birth _____

Address _____

Students Home Phone _____

Student's Cell Number _____

Parents or Guardians Name _____

Mailing Address _____

E-mail Address _____

Person Responsible for Tuition (if different) _____

Mailing Address _____

Work Number _____

Cell Number _____

Church Attending _____

Last Grade Completed _____ Last School Attended _____

Allergies _____

Medications _____

(Please bring your own medicines. I will not disperse any forms of medication (ex: Advil, Tylenol, etc.)

In case of emergency, if parent cannot be contacted, please contact:

3 people who are allowed to pick up the student: Must have photo ID when picking them up)

**Tuition is due regardless if student is absent.

I, the undersigned authority, give my permission for _____ to attend Southeast Christian School (A Home School Program) for the school year of 2017/2018. I understand that Southeast Christian School is not affiliated in any way with Mercy Gate Church, Inc. I agree to hold harmless Mercy Gate Church, Inc., Scott and Kelly Niemeier, and any employees, directors, or agents of said organizations from any liability or claims for personal injury.

Parent Signature _____

Date _____