



Oostburg Christian School  
Registration Form  
2020-21

Family Last Name \_\_\_\_\_ Children Last Name (if different) \_\_\_\_\_

Father First Name \_\_\_\_\_ Mother First Name \_\_\_\_\_

How do you want us to contact/communicate with you:

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Primary E-Mail Address \_\_\_\_\_

Additional Information:

Father Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Public School District In Which You Reside \_\_\_\_\_

Children to Be Enrolled at Oostburg Christian School:

Child Name	Grade	Birthdate	Place of Birth	Sex
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

In Case of an Emergency during school hours, who should we call: (list in order of how we should call)

	Name	Relationship to Child	Phone #'s
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_