

Round Grove Christian Academy Master Record

Round Grove Christian Academy must keep a record of important information about each child. Please assist by filling in this questionnaire and returning it to the school office on registration night.

Date: _____

Name of Student _____ M ___ F ___

Address _____ City _____ State _____ Zip _____

Home Phone _____ Email Address _____

Date of birth _____ Place of birth _____

Home church _____

Public school district in which you currently reside _____

If the student has attended schools other than Round Grove Christian Academy, please list them below:

School and location

grade(s)

Family Information:

Father's name _____ Spouse's name _____

Occupation _____ Church Membership _____

Father's cell phone # _____ Father's work # _____

Mother's name _____ Spouse's name _____

Occupation _____ Church Membership _____

Mother's cell phone # _____ Mother's work # _____

Please list student's brothers and sisters and their ages on the lines below:
