



# City of Faith Christian School

"Advancing the Kingdom Of God by Developing the Next Generation of Leaders"

3445 - 3453 White Plains Road ♦ Bronx ♦ New York 10467 ♦ Tel: (718) 798-3052 ♦ Fax: (718) 654-4452

## RE-ENROLLMENT FORM 20\_\_ TO 20\_\_

Student Name: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Sex:  Male  Female

DOB: \_\_\_/\_\_\_/\_\_\_

SSN: \_\_\_ - \_\_\_ - \_\_\_

Name of School District: Bronx

Name of Parent/Guardian 1 : \_\_\_\_\_

Social Security Number: SSN: \_\_\_ - \_\_\_ - \_\_\_

Relationship to Student: \_\_\_\_\_ Marital Status:  M  S  W  D  Sep

Home Address: \_\_\_\_\_

Name of Primary Employer: \_\_\_\_\_

Profession/Occupation \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Parent/Guardian 2 : \_\_\_\_\_

Social Security Number: SSN: \_\_\_ - \_\_\_ - \_\_\_

Relationship to Student: \_\_\_\_\_ Marital Status:  M  S  W  D  Sep

Home Address (if different): \_\_\_\_\_

Name of Primary Employer: \_\_\_\_\_

Profession/Occupation \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Information**

Primary Emergency Contact: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Work: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Work: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

I agree to pay **City of Faith Christian School** the payments of my child/children tuition, fees and such other beginning of each month. I/we agree that my child/children will not be able to attend if the fees are not paid. In consideration of this application: the undersigned agrees to the confidentiality of this information. This should only be disclosed with official permission. I/we enclosed non-refundable commitment fee of **one hundred dollars and fifty dollars(\$150.00)**.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only. Do not write in this box.**

Assigned Class: \_\_\_\_\_ Enrollment Type: \_\_\_\_\_ Receipt/Check #: \_\_\_\_\_  
Date: \_\_\_\_\_

Regular Day, Monday - Friday (7:30 AM - 3:00 PM)  Extended Day, Monday - Friday (7:30 AM - 5:00 PM)

Completed Medical Form Submitted

Meals Received at School:  Breakfast  Lunch  Snack