

Covenant Christian School  
105 S. George Wallace Drive  
Troy, Alabama 36081

Date \_\_\_\_\_  
Grade Entering \_\_\_\_\_  
School Year **2018-2019**

**PRE-REGISTRATION FORM**  
(For returning students and their siblings)

Student's Name \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

Student's Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone No. \_\_\_\_\_ Parent(s) E-mail Address \_\_\_\_\_

Student's Physician \_\_\_\_\_ Office Phone No. \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Church Now Attending \_\_\_\_\_ Marital Status \_\_\_\_\_

Number of Children \_\_\_\_\_ Name(s) and Age(s) \_\_\_\_\_

Briefly describe any special extra-curricular interests, hobbies, talents or aptitude which this student has: \_\_\_\_\_

Explain briefly why you want a Christian Education for your child(ren): \_\_\_\_\_

Is your child diagnosed as Learning Disabled? \_\_\_\_\_

If your child is registering for the Kindergarten program, will he/she attend the half-day (from 8:00 a.m. to 12:00 noon) \_\_\_\_\_  
or the full day (8:00 a.m. to 3:00 p.m.) \_\_\_\_\_ program? (Please check one)

Do you plan to have your child attend Covenant Christian School past pre-school years? Yes \_\_\_\_\_ No \_\_\_\_\_

Condition of health (list any illnesses, handicaps, allergies or emotional problems): \_\_\_\_\_