

APPLICATION TO SUTTON CHRISTIAN SCHOOL

A. STUDENT INFORMATION

1. Name _____
(Last) (First) (Middle)
2. Birth Date _____ Age _____ Entering Grade Level _____
3. Former School Attended _____
School Address _____

B. FAMILY INFORMATION

1. Parents' Names _____
Mailing Address _____
(Street or PO Box) (City)
Home Phone _____ (State) (Zip)
Cell Phone(s) _____
Father's Occupation _____ Work Phone _____
Mother's Occupation _____ Work Phone _____
2. Guardian (if other than parent) _____
Mailing Address _____
(Street or PO Box) (City)
Home Phone _____ (State) (Zip)
Cell Phone(s) _____
Occupation _____ Work Phone _____
3. Child's Brothers and Sisters
Name _____ Birth Date _____

