



Application for Admission

Date: _____

Student Name: _____
(First) (Middle) (Last)

Parent/Guardian Name: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Student's Date of Birth: _____
(Month) (Day) (Year)

Applying for Grade: _____ List Any Grades Repeated: _____

Previous Schools Attended

_____	Dates: _____	to _____
_____		to _____
_____		to _____

Church Affiliation/Membership: _____

Father

Mother

Parents' Occupations: _____

Employer: _____

Home Phone: _____

Cell/work Phone: _____

Other Children in Family: _____ Birth Date: _____

(Continued . . .)

Please share why you wish to enroll your child in Racine Christian School: _____



Signed: _____ (Parent/Guardian) _____ (Parent/Guardian)

Note: Please submit your Pastor's Recommendation form at this time, or ask your pastor to mail the completed form to the school.

If you have any questions, please call the office at (262) 634.0961.

Thank you for your application! Please mail to:

**Racine Christian School
912 Virginia Street
Racine, WI 53405**

