

West Covina Hills Adventist School

REGISTRATION FORM

Family Last Name					
Mailing Address					
City/State/Zip					

Provide information ONLY about parents student LIVES with at above address.

Father (or)		Mother (or)	
First Name		First Name	
Church Membership at		Church Membership at	
Occupation		Occupation	
Work Place		Work Place	
Work Phone #		Work Phone #	
Cell Phone #		Cell Phone #	
Email Address		Email Address	

If a parent as listed above cannot be reached in an emergency, list other individuals whom the school should call who could help the child or know other ways to reach you. Include relationship (grandparent, neighbor, etc.) and phone.

Emergency Contact:	
Emergency Contact:	
Out of State Emergency Contact:	

List any individuals you expect you will ask to pick up the student below from school. List name and phone number. (This is an aid to safety, not a guarantee each person is checked.)

1.	
2.	
3.	

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Full Legal Name:		Middle Name		Last Name		Grade	
First Name		Name					

Goes by: (include last if diff)		Sex		Citizenship	
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Year Baptized (Only if Adventist)		Birthdate		Birth State (Country if not USA)	
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Doctor/Phone:	
Medical Information:	