

**WEDDINGTON CHRISTIAN ACADEMY
RETURNING STUDENT REGISTRATION FORM FOR 2010-2011 SCHOOL YEAR**

Application date: _____

Circle grade applying for: K4 TK K5 1st 2nd 3rd 4th 5th

Student Birth Date: _____

Student Home address: _____

Student City, State and Zip Code: _____

Subdivision: _____

Mother's Name: _____

Place of Employment and position: _____

Work address: _____

Father's Name: _____

Father's Place of Employment and Position: _____

Work address: _____

Does student reside with both parents? _____ If no, list any special information such as visitation or custody, etc.

Home Phone: _____ Dad Work: _____ Mom Work: _____

Mom Cell: _____ Dad Cell: _____

In case of emergency (if no answer at above numbers) call _____

Relationship to student: _____

Updates regarding special needs, medical conditions or allergies? _____ If yes, please describe below.