

GATEWAY CHRISTIAN SCHOOL

1900 N. Sycamore/P.O. Box 1642

Roswell, New Mexico 88201

(575) 622-9710

www.gatewaychristianschool.us

Office Use

Date Applied _____

Date Tested _____

Date Interviewed _____

APPLICATION FOR ENROLLMENT

1. **STUDENT'S NAME** _____ MALE ___ FEMALE ___

(Last) (First) (Middle)

BIRTH DATE _____ BIRTHPLACE _____ STUDENT AGE _____

GRADE APPLYING FOR _____ SCHOOL LAST ATTENDED _____

Does the student have any physical conditions or allergies that the school should be aware of? ___ Y ___ N

If yes, please explain: _____

PHYSICIAN'S NAME _____ PHONE _____

2. **STUDENT'S NAME** _____ MALE ___ FEMALE ___

(Last) (First) (Middle)

BIRTH DATE _____ BIRTHPLACE _____ STUDENT AGE _____

GRADE APPLYING FOR _____ SCHOOL LAST ATTENDED _____

Does the student have any physical conditions or allergies that the school should be aware of? ___ Y ___ N

If yes, please explain: _____

PHYSICIAN'S NAME _____ PHONE _____

3. **STUDENT'S NAME** _____ MALE ___ FEMALE ___

(Last) (First) (Middle)

BIRTH DATE _____ BIRTHPLACE _____ STUDENT AGE _____

GRADE APPLYING FOR _____ SCHOOL LAST ATTENDED _____

Does the student have any physical conditions or allergies that the school should be aware of? ___ Y ___ N

If yes, please explain: _____

PHYSICIAN'S NAME _____ PHONE _____

4. **STUDENT'S NAME** _____ MALE ___ FEMALE ___

(Last) (First) (Middle)

BIRTH DATE _____ BIRTHPLACE _____ STUDENT AGE _____

GRADE APPLYING FOR _____ SCHOOL LAST ATTENDED _____

Does the student have any physical conditions or allergies that the school should be aware of? ___ Y ___ N

If yes, please explain: _____

PHYSICIAN'S NAME _____ PHONE _____

HOME ADDRESS:

STREET _____ ZIP _____

HOME PHONE _____

EMERGENCY CONTACT INFO:

RELATIVE OR FRIEND _____ PHONE _____

RELATIVE OR FRIEND _____ PHONE _____

(PLEASE SEE OTHER SIDE)

PARENTAL INFORMATION:

**Biological
Father** _____

Home Address _____

City _____ Zip _____

Home Telephone _____

Employer _____

Wk. Phone _____ Cell Phone _____

E-Mail Address _____

Church Membership? ____Y ____N
Where? _____

Tithing member of Gateway Church ____Y ____N

Do parents live together? ____ If not, with whom does the child live _____

Stepfather _____

Home Address _____

City _____ Zip _____

Home Telephone _____

Employer _____

Wk. Phone _____ Cell Phone _____

E-Mail Address _____

Church Membership? ____Y ____N
Where? _____

Tithing member of Gateway Church ____Y ____N

**Biological
Mother** _____

Home Address _____

City _____ Zip _____

Home Telephone _____

Employer _____

Wk. Phone _____ Cell Phone _____

E-Mail Address _____

Church Membership? ____Y ____N
Where? _____

Tithing member of Gateway Church ____Y ____N

Stepmother _____

Home Address _____

City _____ Zip _____

Home Telephone _____

Employer _____

Wk. Phone _____ Cell Phone _____

E-Mail Address _____

Church Membership? ____Y ____N
Where? _____

Tithing member of Gateway Church ____Y ____N

Financially Responsible persons(s): Father ____ Mother ____ Other _____

I understand that the registration payment is due at the time of registration. Book and activity fees are due in full by July. I also understand that the FIRST MONTH'S TUITION IS DUE IN AUGUST. Unless prior arrangements are made, September through May payments are due by the 10th of each month. If payment is not received by the 10th of the month, I understand that my account will be charged a late fee of \$25.00 for that month.

PARENT SIGNATURE _____

Gateway Christian School admits students of any race, color and national or ethnic origin.