

Mt. Zion – Elementary School
2009-2010 School Year Registration Application

Child's Full Name _____ Birth date _____
Home Address _____ City _____ Zip _____
Home Phone _____
Cell Phone _____ E-Mail Address _____

Entrance grade (please check):

____ 1st Grade ____ 2nd Grade
Before & After School care Needed (before 8:00am or after 3:00pm) _____

Application Fee due \$120.00 all other grades (non-refundable) Date Rec'd _____ Amount Pd \$ _____ Check # _____

Drop Off Time _____ Pick Up Time _____

Mother's Name _____ Occupation _____

Employer _____ Work Phone _____

Father's Name _____ Occupation _____

Employer _____ Work Phone _____

Mail should be addressed to: _____
(e.g., Mr. and Mrs. ...)

Please list brothers and sisters and their ages:

Family Home Church _____

Child's Baptismal Birthday _____

Please list any medical information about your child that Mt. Zion staff should know:

Please share any other information about your child that would be helpful for Mt. Zion staff to know:

Previous Schools Attended:

How did you hear about Mt. Zion? Yellow Pages _____ Word of mouth _____ Church _____ Internet _____
Other _____

SIGNATURE OF PARENT/GUARDIAN

DATE