



United Valley Christian Academy
1742 N Fir Street
Coquille, OR 97423
541-396-6079

Student Enrollment Form

School Year 2016-2017

Student Information

Student Name: _____
Last First M.I.

Birth Date: _____ Grade: _____

Parent Information

Mother's Name: _____ Cell Phone _____

Father's Name: _____ Cell Phone _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Work Phone _____

Email _____

Student Photo Release: **YES** **NO** _____

Preferred method of communication (Circle one) **EMAIL** **PHONE** **TEXT**

I understand that my student (grades Kindergarten through 5) will be required to wear a UVCA uniform.

Parent Signature _____ Date _____

UVCA Action

Student Accepted by: _____ Grade Assigned: _____

Immunization Record Received: _____ Birth Cert Received: _____

Registration Fee Received: _____ 1st Month Tuition Rec'd: _____

Medical Consent Form Received _____ Other: _____