

Cathedral of Faith Christian School

Re-Enrollment Form

To be filled out by Parent or Legal Guardian(s)

Date ___/___/___

School Term _____

Grade Enrollment _____

Child's SSN ___-___-_____

Student Name _____ Nickname _____

Age _____ Birthdate ___/___/___ Sex: Male or Female

Male Guardian _____ Are you the Father? () Yes () No

Address _____ City _____ State _____ Zip _____

How long at this address? _____

Employer _____ How long? _____

Employer's Address _____ Monthly Income _____

Employer's City _____ State _____ Zip _____

Driver License Number ___-___-_____ **(Must be completed)**

Email Address _____ **(Must be completed)**

Home Phone _____ Work Phone _____ Cell Phone _____

Are you a Christian? () Yes () No What church do you attend? _____

Are you a regular attendant? () Yes () No Pastor's Name _____

Female Guardian _____ Are you the Mother? () Yes () No

Address _____ City _____ State _____ Zip _____

How long at this address? _____

Employer _____ How long? _____

Employer's Address _____ Monthly Income _____

Employer's City _____ State _____ Zip _____

Driver License Number ___-___-_____ **(Must be completed)**

Email Address _____ **(Must be completed)**

Home Phone _____ Work Phone _____ Cell Phone _____

Are you a Christian? () Yes () No What church do you attend? _____

Are you a regular attendant? () Yes () No Pastor's Name _____