



Big Cove Christian Academy

Registration Form



Student's Name: _____ Sex: F M
Last First Middle

Date of Birth (MM/DD/YY): _____ Place of Birth: _____
City State

Verification of Birth: _____ Social Security No: _____

Address: _____
No. Street City State ZIP

Grade Placement: _____ Date Enrolled (MM/DD/YY): _____ Age (YY, MM): _____

Family Information	Father	Mother	Guardian
Legal Name			
(Check One)	Natural Step Foster	Natural Step Foster	Relation to Child _____
Home Phone			
Mobile Phone			
Email Address			
Occupation			
Education			
Date of Birth			
Place of Birth			
US Citizen	Yes No Other _____	Yes No Other _____	Yes No Other _____
SDA Member	Yes No Other _____	Yes No Other _____	Yes No Other _____
Marital Status	Married Divorced Other _____	Married Divorced Other _____	Married Divorced Other _____

Church child attends: _____ Denomination: _____
 Place of Baptism: _____ Date: _____ Age: _____

Pick-up List: The following may pick up my child(ren).
 If someone else needs to pick up my child(ren) I will
 send a note to school.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Name	Emergency Contacts Phone number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

I give _____ / do not give _____ permission for my child(ren)'s photo(s) / video(s) to be used in BCCA publications.

I have read the current BCCA Handbook and agree to comply fully with these rules and regulations.
 I understand that this document, when completed and signed by parent or guardian and upon acceptance of my child(ren) by the
 School Board, becomes a binding agreement.

Signed: _____ Date: _____
Parent or Guardian