

Student Application

Orcas Christian School



Please complete and return to the school or send to **Orcas Christian School, P.O. Box 669, Eastsound, WA 98245**

Student Information

School Year _____ Date of Application _____ Grade Entering _____ Age _____
Student Name _____
(Last) (First) (Middle)
Date of Birth _____ Place of Birth _____ Sex Male Female
Street Address _____
Mailing Address (If Different) _____
Home Phone (Unlisted? Yes No) _____ Student Cell _____
Student Email _____
Family/Relative Email(s) For Newsletter _____
Are You a Member or Affiliated with a Church or Denomination? Yes No (Please List) _____

Parent/Guardian Information

Student lives with (Please Check) List alternative home phone if different from student information
 Mother & Father Mother Only Father Only Mother & Stepfather Father & Stepmother
 Other (If there are any custody restrictions, please furnish the Orcas Christian School with copy of the legal document naming the person(s) restricted.)

Father or Guardian

Full Name _____
Address _____

Occupation _____
Work Address _____

Cell _____ Work _____
Email _____

Mother or Guardian

Full Name _____
Address _____

Occupation _____
Work Address _____

Cell _____ Work _____
Email _____

I intend to apply for the National Reduced/Free lunch subsidy based on my income.

Authorized Signature _____ Date _____