



East Palmyra Christian School High School Parent/Family Enrollment for the school year _____

Our Mission: To offer a Christian educational alternative that integrates faith and learning through a Biblical worldview. We strive to equip our students to develop their gifts, to become discerning disciples, and to joyfully serve God in their life's calling in their community and world.

2023 East Palmyra-Port Gibson Road, Palmyra, NY 14522
 (315)597-4400 Phone (315)597-9717 Fax www.eastpalchristian.com

Date: _____ Admission Date Desired: _____ Grade for which applying: _____

Student Name(s) _____

Parent Information:

Father's Name _____		Email address: _____	
Address: _____			
Street	City	State	Zip
Phone: Home () _____	Business () _____	Cell () _____	
Employer _____	Address _____	Position _____	
Mother's Name _____		Email Address: _____	
Address: _____			
Street	City	State	Zip
Phone: Home () _____	Business () _____	Cell () _____	
Employer _____	Address _____	Position _____	

Who will be responsible for payment of tuition and fees? _____

Do you foresee any difficulty in meeting your financial obligations to the school? Yes _____ No _____

Are you transferring your child from another school? Y____ N____ If Y, from where? _____

Briefly state why you want Christian education for your child. _____

Would **each** parent, individually, state your relationship to Jesus Christ. Use separate paper if more space is needed.

What is the marital relationship in the home?

____ Parents are: married and living together, ___separated, ___divorced, ___one parent deceased

____ Child lives with natural parent and stepparent. If the parents are divorced or separated, who has legal custody of your child/children? (Please name the parent or legal guardian and submit a copy of the legal papers.) _____

Church the family/child attends: _____

Church of which you are a member: _____ Church Phone: _____

Pastor's Name: _____ Pastor's Telephone: _____

Church Address: _____

How did you hear of East Palmyra Christian School? _____

Parent(s) signature(s) _____ Date: _____

EPCS admits students of any sex, color or ethnic origin. **Only forms fully completed will be considered**

Emergency Information

Contact 1 _____ Relationship _____ Phone _____ Phone Type: Cell Home Work

Contact 2 _____ Relationship _____ Phone _____ Phone Type: Cell Home Work

Contact 3 _____ Relationship _____ Phone _____ Phone Type: Cell Home Work

Doctor _____ Phone _____ Dentist _____ Phone _____

Does the student receive any medication? _____ Type: _____ Reason: _____

Special Medical Considerations: _____

Allergies: _____

Medical Alert Text: _____ Alert Exp. _____

**ENROLLMENT DEADLINES for grades K-8:
Busing: March 25**

Textbooks: May 25, a \$100 book and activities per student fee will be charged to those families who register after May 25th.