



# 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](http://www.eastpalchristian.com)

Date: \_\_\_\_\_ Admission Date Desired: \_\_\_\_\_ Grade for which applying: \_\_\_\_\_

Student Name(s) \_\_\_\_\_

### Parent Information:

<b>Father's</b> Name _____		Email address: _____	
Address: _____			
Street	City	State	Zip
Phone: Home ( ) _____	Business ( ) _____	Cell ( ) _____	
Employer _____	Address _____	Position _____	
<b>Mother's</b> 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. \_\_\_\_\_

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

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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.**