

**2017/2018**

# Application For RE-REGISTRATION

## Westside Christian School



Ministry of  
Desert Highlands  
Baptist Church

40027 11th Street West  
Palmdale, CA 93551

Phone: 661-947-7000  
Fax: (661) 947-3417

### For Office Use Only

#### Monthly Tuition

◇ If paying by cash/check:

Middle School	\$475.00
6th, 7th, & 8th	
First Student	\$460.00
Second Student	\$440.00
Third Student	\$415.00

◇ **If paying with a credit/  
debit card please add  
\$15.00 per month.**

MONTHLY TUITION  
TOTAL \$ \_\_\_\_\_

#### Registration

Feb/March registration	\$150
April registration	\$175
May registration	\$200
June .....	\$225

TOTAL \$ \_\_\_\_\_

#### Books & Materials

Kindergarten	\$200
1st - 5th Grades	\$295
6th - 8th Grades	\$320

TOTAL \$ \_\_\_\_\_

\_\_\_ Immunization Record  
(K5, 1st, 7th)

\_\_\_ Health Form (1st)

\_\_\_ Birth Certificate (K5)

\_\_\_ Registration Complete

\_\_\_ FACTS

\_\_\_\_\_  
Students Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Grade Entering

### **E-Mail Address** \_\_\_\_\_

This is the address that you would like to receive Progress Reports, Report Cards and School Correspondences.

I request that my child be re-enrolled at Westside Christian School. I understand that all previous forms signed by me will remain in effect.

I hereby agree to comply with the policies and procedures of Westside Christian School for the coming school season.

I have read and agree to have my child follow the dress code.

I understand that I forfeit the enrollment of my child if my account does not remain in good standing.

**This application must be accompanied by the non-refundable registration fee to continue the enrollment procedure for my child.**

\_\_\_\_\_  
Parent /Guardian Signature

\_\_\_\_\_  
Date

If the information on file is current  
please check box.

## Family Information

**Father's Name:** \_\_\_\_\_

Biological Parent       Step Parent       Foster/Adoption Parent

**Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Emergency Contact Phone Numbers:**

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**New Address:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Biological Parent       Step Parent       Foster/Adoption Parent

**Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Emergency Contact Phone Numbers:**

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**New Address:** \_\_\_\_\_

**Marital Status:**

Married  
 Widowed  
 Separated

Single \_\_\_\_\_  
 Divorced  
 Remarried

Please provide any child custody  
or restraining orders. Documenta-  
tion must be on file for enforce-  
ment by school personnel.

**Student Lives with:**

Both Parents  
 Father  
 Grandparents

Mother  
 Guardian  
 Other \_\_\_\_\_

**Other children in the family:**

	Age	Sex	Enrolled at Westside
_____	_____	M/F	YES/NO
_____	_____	M/F	YES/NO
_____	_____	M/F	YES/NO

## EMERGENCY/PICK-UP AUTHORIZATION

**My child may be released to the following persons:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*Special Note to Administration:*