

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: