

SUNNYSIDE CHRISTIAN SCHOOLS
STUDENT INFORMATION FORM

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3. FAMILY INFORMATION

Church Affiliation _____

Name of Father _____ / _____
(place of birth)

Name of Mother _____ / _____
(place of birth)

Name of Guardian _____
(last) (first) (middle)

Home Phone Number _____ Emergency Phone _____

Number of children in family _____ # older _____ # younger _____

Education of father _____ (years) _____ (years)
(high school) (college)

Education of mother _____ (years) _____ (years)
(high school) (college)

Occupation of father _____

Father's work number _____

Occupation of mother _____

Mother's work number _____

Grandparent Information:

Name(s) _____ Phone _____

Address _____
(street or box number) (city) (state) (zip)

Name(s) _____ Phone _____

Address _____
(street or box number) (city) (state) (zip)

Note: Before entering kindergarten/first grade, Immunization Records must be up to date. All parents must show that their child has been immunized against D.P.T., measles, and polio before the first day of school.