

# ENROLLMENT RECORD

Date Enrolled: \_\_\_\_\_  
Date Re-enrolled: \_\_\_\_\_  
Date Withdrawn: \_\_\_\_\_  
Graduation Year: \_\_\_\_\_

## East Texas Christian Academy

2448 Roy Road – Tyler, TX 75707

Main 903.561.8642

Admissions 903.561.9582

Fax 903.561.9620

[www.etca.org](http://www.etca.org)

### Student Information:

Social Security #: \_\_\_\_\_ Sex: M \_\_\_ F\_\_\_ Ethnicity: \_\_\_\_\_ Grade Level: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Office Phone #: \_\_\_\_\_ Ext. \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Place of Birth: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Resident School District (i.e. Rice, Hubbard, Whitehouse): \_\_\_\_\_ County: \_\_\_\_\_

My home phone # \_\_\_\_\_ may or \_\_\_\_\_ may not be published in the student directory.

### Schools Previously Attended:

### Dates Attended:

### Grade:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Parent/Guardian Information:

1. Relation to Student: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Does student reside with you? \_\_\_\_\_

(Circle One) Miss Mr. Mrs. Dr.

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

Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Pager: \_\_\_\_\_

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

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

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

Work Phone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

2. Relation to Student: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Does student reside with you? \_\_\_\_\_

(Circle One) Miss Mr. Mrs. Dr.

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

Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Pager: \_\_\_\_\_

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

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

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

Work Phone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

(OVER)

**Name and Ages of Siblings:**

\_\_\_\_\_  
\_\_\_\_\_

Persons bringing the student or picking up the student will be sure that a staff member is aware of the child's arrival and/or departure. Your child will only be released to a parent/guardian or a person named by the parent/guardian. The following persons are authorized to pick up my child:

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

\*\*\*\*\*

Does the student have any physical handicap or disability, which would cause him or her to need special care at school? \_\_\_\_Yes \_\_\_\_No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

(Student's Name) \_\_\_\_\_ has my permission to go on any field trip by car, van, bus or other transportation needed, scheduled by **East Texas Christian Academy**. I understand that I will be notified 48 hours in advance of any such trip. I understand that all reasonable precautions will be taken, and I will not hold the school responsible for any accidents that may occur.

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

\*\*\*\*\*

**DISCIPLINE POLICY**

I understand that any administrator, teacher, aide, or day care worker has the authority to discipline my child to encourage his/her cooperation in school or day care.

\_\_\_\_\_  
Date

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

\*\*\*\*\*

Special problems or occurrences in the facility affecting your child will be brought to the attention of the parent/guardian. This includes serious communicable diseases. Parent conferences are available as needed or upon request.

\*\*\*\*\*

**\*\*Enrollment Agreement\*\***

**I understand and accept the policies and regulations of ETCA and release them from any liability for injuries or illness resulting from circumstances beyond their control.**

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