



**SOUTH
CHRISTIAN**
H I G H S C H O O L

Application for Enrollment

Parent(s) Name(s) _____

Student's Name _____ Grade _____

Street Address _____ City _____ Zip _____

Phone _____ Cell Phone: _____

Email Address _____ Church membership _____

Present School _____

Why are you thinking about leaving your present school?

Why do you wish to enroll your son or daughter in South Christian High?

Please provide two references; one from your present school (teacher, counselor) and one from your church.

Name _____ Phone _____

Indicate pastor, teacher, counselor, other _____

Name _____ Phone _____

Indicate pastor, teacher, counselor, other _____

Please attach a transcript for the student you wish to enroll.
(Return this form to Dana Veldhouse or Sherri DeVries)