

Oaklawn Christian School

20720 West 47th Street Shawnee, Kansas 66218
WWW.OAKLAWNCHRISTIAN.COM 913.322.3973

Today's Date _____
Student's Name _____
Nickname _____
Birth date _____ Sex: M F
Address _____

Home Phone _____

Family Information

Mother's Name _____
Occupation _____
Employer _____
Work Phone _____
Mobile Phone _____
Email _____

Father's Name _____
Occupation _____
Employer _____
Work Phone _____
Mobile Phone _____
Email _____

Parents are:

Married _____ Separated _____
Divorced _____ Unmarried _____

Name and age of other children in family

Any special custody arrangements?

EMERGENCY INFORMATION:
PLEASE INFORM US OF ANY ALLERGIES,
MEDICATIONS, DIETARY NEEDS, ETC.

Physician

Phone _____

Dentist

Phone _____

EMERGENCY CONTACTS:

If parents cannot be reached in an emergency, who can we contact.

Name _____

Phone _____

Relationship to child _____

Name _____

Phone _____

Relationship to child _____

Parent/Guardian signature _____ date _____

Parent signature/Guardian _____ date _____

Session _____ Grade _____

Start date _____ Program _____

Days M T W Th F

Previous or additional schools _____
