



Mother Lode Christian School RETURNING STUDENT APPLICATION

OFFICE USE ONLY

Date Received _____

A. STUDENT INFORMATION

Grade _____ School Year _____

Name: _____
Last First Middle

Physical Address: _____
Street City Zip

Mailing Address: _____
Street/PO Box City Zip

Home Phone: _____ Cell Phone: _____ Date of Birth: _____
M / D / Y

Home Church: _____

B. PERSON(S) WITH WHOM STUDENT RESIDES

Title: ☐ Mr. & Mrs. ☐ Mr. ☐ Mrs. ☐ Ms.

1. Name: _____ Relationship: _____
Last First MI

Employer: _____ Occupation: _____ Work Phone: _____

2. Name: _____ Relationship: _____
Last First MI

Employer: _____ Occupation: _____ Work Phone: _____

Resides with: ☐ Mother/Father ☐ Mother Only ☐ Father Only ☐ Father/Step Mother ☐ Mother/Step Father ☐ Guardian

C. WOULD YOU LIKE SCHOOL INFORMATION MAILED TO ADDITIONAL ADDRESS

Name: _____ Phone: _____ Relationship: _____

Mailing Address: _____
Street/PO Box City State Zip

Non-Discrimination Policy: Mother Lode Christian School admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities made available to students at school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, athletic and other school-administered programs.

NOTE: This application does not assure final enrollment but provides information upon which a decision will be based. The **non-refundable registration fee** must accompany this application in order for the student to be placed on the class roster. If you are on the waiting list and we have no room, we will refund the fee.

Parent/Guardian Signature: _____ Date: _____