

Interview Date:

OPEN BIBLE CHRISTIAN SCHOOL

A Ministry of Open Bible Baptist Church

3992 N. Oak St. Ext., Valdosta, GA 31605

●Phone: 229-244-6694

●Fax: 229-244-1687

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2018-2019 ENROLLMENT FOR K3-K5

NON-REFUNDABLE REGISTRATION FEE:

\$75.00 DUE WHEN FORM IS TURNED IN FOR APPLICATION TO BE PROCESSED

CHECK GRADE STUDENT TO ENTER (He or she must be fully potty-trained)

K3 Class:	_____ 3 Day	8:00 a.m. – 12:00 pm.	Mon.-Wed.-Fri.
	_____ 5 Day	8:00 a.m. – 12:00 pm.	Mon.-Fri.

K4 Class:	_____ Half Day	8:00 a.m. – 12:00 pm	Mon.-Fri.
	_____ Full Day	8:00 a.m. – 3:00 pm	Mon.-Fri.

K5 Class:	_____ Half Day	8:00 a.m. – 12:00 pm	Mon.-Fri.
	_____ Full Day	8:00 a.m. – 3:00 pm	Mon.-Fri.

Student's

Name _____ / _____ / _____ / _____
(Last) (First) (Middle) (Called)

Address _____ / _____ / _____ / _____
(Street or P. O. Box) (City) (State) (Zip Code)

County of Residence _____ SS# _____ (Must provide - do not leave blank)

Place of Birth _____ Date of Birth _____ Age _____ Gender _____ Ethnic Group _____

Mother's Name _____ Cell # _____

E-mail _____ Home # _____

Employer _____ Phone _____

Father's Name _____ Cell # _____

E-mail _____ Home # _____

Employer _____ Phone _____

Student Resides With: Both Parents _____ Father _____ Mother _____ Other _____ (*provide proof of legal custody and complete the information below*)

Legal Guardian _____ Relationship _____

E-mail _____ Home # _____ Cell # _____

Any other children in the family: (name & age) _____

Do you attend church regularly? No _____ Yes _____ Where _____

Check Any That Apply: Cries Easily _____ Kind _____ Likes to Share _____ Talkative _____
Fearful / Shy _____ Quick-tempered _____ Stubborn _____ Biting _____

Has your child ever been tested, diagnosed or received counseling for behavior, psychological, speech, hearing?

No _____ Yes _____ please explain _____

Is your child on any medication? No _____ Yes _____ please explain _____

Does your child have any physical handicaps? No _____ Yes _____ please explain _____

Name of Day Care or School previously attended _____

How did you hear about our school? _____

THESE FORMS MUST BE ON FILE BEFORE THE FIRST DAY OF SCHOOL:

1. Georgia Immunization Form #3231 (Available from Health Dept./Dr. Office/Military Clinics)
2. Certificate of Ear, Eye & Dental Examinations Form #3300
3. Copy of the Certified Copy of Birth Certificate
4. Copy of Social Security Card

Copy of Records from Previous School or Day Care Provider may be requested.

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The school reserves the right to dismiss any student who does not cooperate with the educational process, displays a negative attitude toward the spiritual mission of the school or displays inappropriate behavior. The teachers and administration are hereby given full discretion in the discipline of my child. (OBCS does not administer corporal punishment.)

In full cooperation with the school, we sincerely pledge our loyalty to the aims, ideals and policies of O.B.C.S. and will bring questions to the administration so that they may be properly considered by those in authority. To the best of my knowledge the above information is accurate and reliable. Fraud will result in dismissal of my child and forfeiture of all tuition and fees paid. **(BOTH PARENTS MUST SIGN UNLESS SEPARATED OR DIVORCED)**

Mr. _____ Date: _____

Mrs. _____ Date: _____

*We will do our best to help you mold the character of your child according to scriptural principles.
Teaching them to "...be ye kind one to another, tenderhearted, forgiving one another",
and to love God with all their heart.*