



# Northfield Baptist Christian School



## Student Application

Student's Full Name \_\_\_\_\_  
Last First Middle Sex

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street City Zip

Age \_\_\_\_\_ Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_  
City State Country

Current Daycare/School \_\_\_\_\_

Race/ethnic group - Check appropriate Category: (Required by State of Ohio)

- African American
- Asian
- Caucasian
- Hispanic
- Multiracial
- Other

Social Security # \_\_\_\_\_ Grade Entering \_\_\_\_\_

If student is entering Pre-K or Kindergarten, will they attend: Full day \_\_\_\_\_ Half Day \_\_\_\_\_  
(Cut off date is August 1<sup>st</sup>)

Will you use our Before School Program? Yes or No After School Program? Yes or No

<b>Father/Legal Guardian</b>
Name _____
Marital Status _____
Home Address _____
City _____ State _____ Zip _____
Employer _____
Employer's Address _____
_____
Work Phone # _____

<b>Mother/Legal Guardian</b>
Name _____
Marital Status _____
Home Address _____
City _____ State _____ Zip _____
Employer _____
Employer's Address _____
_____
Work Phone # _____

Where should school correspondence be sent? \_\_\_\_\_

Brothers or Sisters in Family	Age	Grade	School Attending
Name _____	_____	_____	_____
Name _____	_____	_____	_____
Name _____	_____	_____	_____