



2025-2026 Registration Form

Phone: 915-857-5100 Fax: 915-857-1767
Email: school@sunshinechristianschoolep.com

Registration Form must be completely filled out in order
to be considered for further processing.

Date : _____

Pd. RGF: _____

Staff Initials: _____

Office Note: _____

STUDENT INFORMATION

F M

Name (Nombre del Niño) (First, M.I. Last) _____ Name to be called at school _____ Gender _____ D.O.B. (Fecha de Nacimiento) _____

Address (Direccion) _____ Zip Code (Zona Postal) _____ Phone # (Telefono) _____

Last School Attended _____ List All Past SCS Teachers _____ Last Grade Completed _____

How did you hear about Sunshine? _____ Referred by: _____

Please circle the grade level your child is registering for:

- Preschool please circle the days.
My second choice is _____

<u>Grade Level</u>	<u>Time</u>
Preschool 3D 5D	AM
K4 5D	AM

K5	Full Time
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Elementary	1st	2nd	3rd	4th	5th	6th
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PARENT INFORMATION

Father's Name

Mother's Name

Employer

Employer

Occupation

Occupation

Work #

Cell #

Work #

Cell #

E-mail

E-mail

I understand _____ will be enrolled when I complete and turn in the required:

- Enrollment Form and documents.
- Student Fee **(Due May 15)**.

All the following documents must be turned in with the enrollment form.

- _____ 1. Birth certificate
- _____ 2. Current immunization record or exemption
- _____ 3. Physical health form (Required for 4 years of age thru 6th grade students)
- _____ 4. Food allergy form, if applicable
- _____ 5. Hearing & vision **(Required for 4 years of age thru 6th grade students)**
- _____ 6. A photo of child and parents
- _____ 7. Legal custody documentation, if applicable
- _____ 8. Most recent report card K5 - 6th grade (new students)
- _____ 9. Testing Fee (new students only)

X

Parent Signature Date