

Sequoia Christian Academy

1213 12th Avenue
Delano, CA 93215
661-721-2721

Registration

Social Security Number _____ Date _____ Registrar _____

Child's Legal Name _____ Nickname _____

Date of Birth _____ Birthplace _____ Child is living with _____

Boy _____ Girl _____ Date of birth verified by Birth Certificate _____ Affidavit _____ Baptism _____ Passport _____

School History

How many years has this student attended U.S. schools? _____ Last grade attended _____

Last school attended _____ Address _____

Was your child receiving special instruction: Special Day Class (SDC) _____ Speech Therapy _____
Resource Specialist Program _____ Counseling _____

Emergency Information

Student's Doctor _____ Address _____ Phone _____

Parent's status: Married _____ Divorced _____ Separated _____ Single _____ Deceased _____

Father's name _____ Place of employment _____ Phone _____

Mother's name _____ Place of employment _____ Phone _____

Name of Step-Parent or Guardian _____

If parent not home, contact : 1) _____ Phone _____
2) _____ Phone _____

Health History

Does your child have: Vision problems _____ Wear glasses _____ Hearing problems _____ Wear a hearing aid _____

Describe any health conditions or surgeries that may affect your child's schooling:

If the condition is serious/ chronic please bring a letter from your doctor describing the problem(s)

Does your child have any physical reason which would prevent him/ her from participation in school activities?
Yes _____ No _____

Sequoia Christian Academy requires a doctor's physical exam, TB clearance, and immunization records be on file at the school office BEFORE THE CHILD ATTENDS CLASS.

Signature of parent/ guardian _____ Date _____