

OPEN DOOR CHRISTIAN ACADEMY  
Re-registration: Grades 2-8

Student's Name: \_\_\_\_\_ Grade entering: \_\_\_\_\_  
(Last) (First) (M.I.)  
E-mail Address: \_\_\_\_\_  
Child's Social Security Number: \_\_\_\_\_  
School District: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Town) (State) (ZIP) Phone: \_\_\_\_\_  
Father: \_\_\_\_\_ OR Guardian: \_\_\_\_\_  
Mother: \_\_\_\_\_ OR Guardian: \_\_\_\_\_  
Church Affiliation: \_\_\_\_\_ Member: \_\_\_\_ Yes \_\_\_\_ No  
Signature of parent or guardian: \_\_\_\_\_

REGISTRATION FEE MUST ACCOMPANY THIS  
FORM TO RESERVE CLASSROOM PLACEMENT.

<p><u>For Official Use Only:</u> Date received: _____ Amount received: _____ Check # _____ Cash _____ MO _____ Received by _____</p>
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Rev. 7/01

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