

### Sioux Center Christian School

Dear Parent(s),

For each of the students in school a cumulative file is kept. This record will be kept in school as long as your child is enrolled here. It will also go with him/her to high school. Each teacher will record all of the necessary information on it. The following information is needed for this file. Please fill it in so we can prepare our records. Thank you!

Child's Full Name \_\_\_\_\_ Sex \_\_\_\_\_

Child's Social Security Number (optional) \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Place of Birth: City and State \_\_\_\_\_

Number of Children in Family: Older \_\_\_\_\_ Younger \_\_\_\_\_

Name of Father \_\_\_\_\_

Name of Mother (include Maiden Name) \_\_\_\_\_

Address \_\_\_\_\_

Emergency/Daytime Phone Numbers \_\_\_\_\_

E-mail address \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_

Church Affiliation/Membership \_\_\_\_\_

Family Doctor \_\_\_\_\_ Dentist \_\_\_\_\_

Education of Father: High School \_\_\_\_\_ College \_\_\_\_\_  
(optional)

Education of Mother: High School \_\_\_\_\_ College \_\_\_\_\_  
(optional)

Does your child have any allergies or any physical condition that would be helpful for us to be aware of? If so, please list. \_\_\_\_\_

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School district in which you live: Sioux Center \_\_\_ West Sioux \_\_\_ Rock Valley \_\_\_  
Maurice/Orange City/Floyd Valley \_\_\_ Boyden/Hull \_\_\_ Other \_\_\_\_\_

Will your child ride a bus to/from school? \_\_\_\_\_

Any special requests due to day care arrangements, etc. to be considered? \_\_\_\_\_

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