

For office use only: Interviewed: _____ Accepted on: _____ Grade: _____ Teacher: _____



Strickland Christian School Application for Enrollment 2024-2025

Student's Full Name: _____ Preferred Name: _____

Street Address: _____ City: _____, TX 78 _____

Main Phone #: (_____) _____ Date of Birth: ____/____/____ Age (as of Sept. 30, 2024): _____

Male ___ Female ___ If Kindergarten: Half Day ___ Full Day ___ Staying in After School: No ___ Yes, until _____

Student lives with (check one): Both parents ___ Mother only ___ Father only ___ Someone other than parent _____

If your family is new to Strickland, recommended by: _____

Reason for Applying: _____

Information that could be helpful to our faculty in working with your child: _____

Previous School Attended: _____ City _____ State _____ Zip _____

Siblings attending Strickland School in the same school year: Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Parents or Guardians

Name: _____ Relationship: _____ Church Affiliation: _____

Occupation: _____ Company Name: _____ Work Phone: _____

Cell Phone: _____ Main E-mail: _____

Name: _____ Relationship: _____ Church Affiliation: _____

Occupation: _____ Company Name: _____

Home Address (if different): _____ City: _____, TX 78 _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Additional Email: _____ In the case of an emergency when parents cannot be

reached, contact: Name: _____ Relationship: _____ Phone #1: _____

#2: _____ Address: _____