

FOR OFFICE USE ONLY: Interviewed: \_\_\_\_\_ Accepted on: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

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## Strickland Christian School Application for Enrollment 2026-2027

STUDENT' FULL NAME: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_, TX 78 \_\_\_\_\_

Main ph #: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of Sept. 30, 2026) \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ IF KINDER: Full Day \_\_\_\_ 1/2 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, please provide the name of the person who referred you to us and your 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: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Main E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company Name: \_\_\_\_\_

Home Address (If different from above): \_\_\_\_\_ City: \_\_\_\_\_ ZIP \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alternate E-mail: \_\_\_\_\_

IN THE CASE OF AN EMERGENCY WHEN PARENTS CANNOT BE REACHED, CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Address: \_\_\_\_\_