

FOR OFFICE USE ONLY: Interviewed: _____ Accepted on: _____ Grade: _____ Teacher: _____



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: _____