



Pre-Registration

STUDENT INFORMATION

Full Name: _____
Last First Middle Preferred Name

Grade to Enter: _____ Gender: Male Female Date of Birth: ____/____/____ Age _____
(on September 1)

The State of Indiana Department of Education requires information from our school according to the following 7 designated ethnicity categories. Please assist us in providing this required information. Thank you. Ethnicity:

1. Native American/Native Alaskan _____
2. Black _____
3. Asian _____
4. Hispanic _____
5. White _____
6. Multiracial (two or more races) _____
7. Native Hawaiian/other Islander _____

PARENTAL/GUARDIAN INFORMATION

(with whom the child resides)

Father/Male Guardian

Full Name: _____
Last First Middle Preferred Name

Cell Phone: _____ Work Phone: _____ Relationship to Student: _____

E-mail: _____

Mother/Female Guardian:

Full Name: _____
Last First Middle Preferred Name

Cell Phone: _____ Work Phone: _____ Relationship to Student: _____

E-mail: _____

In Pre-Registering, I desire to have my child complete the **2022-2023** school year. It is also my understanding that the policy of the school is to make no refunds or transfers on registration fees or the first tuition payment.

Signature of Father/Male Guardian: _____ Date: _____

Signature of Mother/Female Guardian: _____ Date: _____

For office use only:

Pre-Registration Fee: \$80.00 Amount Received: _____ Cash Check # _____ Card Ending _____

Date Paid: _____ Received by: _____

Please make checks payable to: **Faith Heritage Christian School**

1613 Pollack Avenue, Evansville, Indiana 47714
812-476-7640 • www.faithheritagechristianschool.com