



Grade applying for ____ Current Age ____ Birth date _____ New Enrollment Re-enrollment
Do you wish for your name, address and phone number to be available to OCA families? Yes No

Student Information

Legal Name _____ Boy ____ Girl ____
last first middle

Physical Address _____

Mailing Address _____ County: _____
(if different from physical address)

Student resides with: Both parents Mother Father Guardian Stepmother Stepfather

School last attended _____ Fax # _____

Name to be called in class _____

Family Information

Father (Guardian) _____ Employer _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Home address _____

Mother (Guardian) _____ Employer _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Home address _____

Please provide copy of legal documentation if guardian

Name of insurance _____ ID # _____

Subscriber's name _____

Church family attends _____ Attends regularly yes no

Pastor's name _____ Phone () _____

Grandparent Information

Grandparent's Name _____

Address _____

City, State, Zip _____

Home () _____ Cell () _____

Grandparent's Name _____

Address _____

City, State, Zip _____

Home () _____ Cell () _____

Grandparent's Name _____

Address _____

City, State, Zip _____

Home () _____ Cell () _____