



Pleasant View Christian School
 160 Hicks Edgen Road
 Pleasant View, TN 37146

Office Use Only

Date Rec'd _____
 Fee Paid _____

Registration Form

STUDENT'S FULL
 LEGAL NAME _____

First Middle Last
 NAME CHILD GOES BY _____ GRADE ENTERING _____

FULL ADDRESS _____
 Street City State Zip

PHONE _____ [] Male [] Female SS# _____

BIRTH DATE _____ BIRTH PLACE _____

FATHER'S NAME _____ SS# _____
 EMPLOYER _____ PHONE _____

MOTHER'S NAME _____ SS# _____
 EMPLOYER _____ PHONE _____

If parents are separated or divorced, with whom does the student live? _____
 Has this student ever been a student at PVCS? _____ When? _____
 School last attended _____ Address _____
 School recommended by _____
 Has the child ever been expelled or asked to withdraw from any school? _____
 Church affiliation _____ Attend regularly _____
 Name of pastor _____ Address _____

EMERGENCY INFORMATION:

RESPONSIBLE ADULT TO CONTACT IF PARENTS CAN'T BE REACHED:

Contact #1 _____ Relationship to Student _____
 Address _____ Phone _____
 Contact #2 _____ Relationship to Student _____
 Address _____ Phone _____

PHYSICIAN _____ Address _____ Phone _____

HOSPITAL PREFERENCE _____ Address _____

Any serious physical disability or handicap? _____ If so, explain _____
 Has the child ever been treated for any nervous, mental or emotional disorder? _____
 If so, for how long a period? _____ When? _____ Give name of attending physician _____
 Phone _____

NOTE: PLEASE COMPLETE INFORMATION ON REVERSE SIDE.