

# CHRISTIAN PILGRIMS SCHOOLS, INTERNATIONAL

## Individual Student Enrollment Application

Application Date \_\_\_\_\_

Student's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Legal Guardian (if other) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal/Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Has this student ever repeated a grade/standard? \_\_\_\_\_ If so, which? \_\_\_\_\_

Grade/Standard to be enrolled \_\_\_\_\_ Date to be enrolled \_\_\_\_\_

List in order, the previous schools enrolled in, **beginning with the most recent**. It is especially particularly important to provide the **complete mailing address** of the most recent school enrolled in.

<u>School Name</u>	<u>School Address</u>	<u>From (year) To</u>	<u>Grades/Standards</u>

Because of the nature of home education through an Independent Study Program, it is critical to have the authorization and support of both parents.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

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## Request for Student Records

Name of previous school \_\_\_\_\_

Mailing address \_\_\_\_\_

City, State/Province \_\_\_\_\_

ZIP/Postal Code, Country \_\_\_\_\_

Dear \_\_\_\_\_:  
(Name of Previous School Attended)

My Child, \_\_\_\_\_, previously enrolled in grade \_\_\_\_\_ in your school is now enrolled in Christian Pilgrims Schools, International. Thank you for the educational service you have previously provided to us. Please forward all cumulative academic and health records to CPSI at the address below:

**Registrar  
Christian Pilgrims Schools, International  
P. O. Box 820  
Springville, CA 93265**

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)