PACES

PACES-Bethany Community School Enrollment Application

STUDENT INFORMATION

NAME

_____
(First)   (Last)   (Age)   (Gender)   Birthday (MM/DD/YYYY)

GRADE   6   7   8   _____
(Circle one)   Teacher

BROTHERS AND SISTERS IN PACES

First Name	Last Name	Grade	Teacher

PARENTS/GUARDIANS

Call this parent/guardian FIRST	*Call this parent/guardian SECOND*
_____	_____
(First) (Last)	(First) (Last)
_____ _____	_____ _____
Relationship to Student Driver's License Number	Relationship to Student Driver's License Number
_____	_____
Street Address City State Zip Code	Street Address City State Zip Code
_____	_____
Email Address	Email Address
_____	_____
Work Phone Cell Phone Home Phone	Work Phone Cell Phone Home Phone

The child may be released to the child's legal guardian(s) or to the following people:

NAME	RELATIONSHIP TO CHILD	PHONE #	OTHER PHONE #