

**Ireton Christian School
Student Record Information**

Please fill out the following form for each child for our office files.

Name of the Child _____
Last First Middle

Name of the Father _____

Name of the Mother _____

Home address : _____ (street, box #, or R.R. #.)
_____ (City, State, and zip code)

Email address: _____

Home Phone # _____

Cell Phone # Father _____ Mother _____

Church Membership _____

School district you live in: _____

Child's Birth Date: _____
Month Day Year

Place of Child's Birth _____
City State

Number of children in family _____ (older sibling/s____, younger sibling/s____.)

Father's place of Employment _____ Work phone # _____

Mother's place of Employment _____ Work phone # _____

Emergency Contact Information if we cannot reach parent

Emergency contact person _____

Emergency Phone # _____

Emergency contact person _____

Emergency Phone # _____