



# SAINT NICHOLAS ORTHODOX CHRISTIAN SCHOOL

An Independent School in the Orthodox Tradition

Sibling currently at St. Nicholas  Yes  No  
Has the applicant applied to St. Nicholas previously?  Yes  No  
Has the applicant previously attended St. Nicholas?  Yes  No  
If, yes please give us the academic year last attend? \_\_\_\_\_

## 2009 - 2010 RE-ENROLLMENT APPLICATION

Name of Applicant \_\_\_\_\_  
Last First Middle Nickname

Address \_\_\_\_\_  
Street Apt. No. City/State Zip County

Home Phone No. \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age at Time of Enrollment \_\_\_\_\_ Grade at Time of Enrollment \_\_\_\_\_

Last School Attended \_\_\_\_\_

### Parent Information

#### Father

Father \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Office Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Religion \_\_\_\_\_

Parish \_\_\_\_\_

U.S. Citizen: Yes  No

Marital Status:

Married \_\_\_\_\_ Separated \_\_\_\_\_

Divorced \_\_\_\_\_ Single \_\_\_\_\_

Remarried \_\_\_\_\_

#### Mother

Mother \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Office Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Religion \_\_\_\_\_

Parish \_\_\_\_\_

U.S. Citizen: Yes  No

Marital Status:

Married \_\_\_\_\_ Separated: \_\_\_\_\_

Divorced \_\_\_\_\_ Single \_\_\_\_\_

Remarried \_\_\_\_\_

Applicant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**MEDICAL INFORMATION:**

Does your child take any medication on a regular basis?  Yes  No

If yes, please list medication (s), dosage, times given \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any health problems: (For example, allergies to foods, medication, or bee stings: Diabetes, asthma, epilepsy, seizures, etc.) If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Doctor: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

**PARENT (or guardian) SIGNATURE(s):**

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

**To help us keep all information current, please notify the school  
when any information needs to be updated.**