

NEW BIRTH CHRISTIAN ACADEMY
STUDENT INFORMATION CARD 2009- 2010

Student's Name: _____ DOB: _____ M__ F__ Grade Entering: _____
Address: _____ City: _____
State: _____ County: _____ Zip Code: _____

Father's Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
_____ Mobile Phone: _____
Mother's Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
_____ Mobile Phone: _____
Email: _____

Please notify the following in an emergency if parents cannot be reached:

Name: _____ Home Phone: _____
Relationship to child: _____ Work Phone: _____

I authorize the following adults to pick up my Child(ren)

Names & Relationships: _____ Home Phone: _____
_____ Work Phone: _____
_____ Mobile Phone: _____

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