



ZEELAND CHRISTIAN SCHOOL
PRE-ENROLLMENT FORM
K-8 ONLY

Parent/Guardian Name _____

Address _____ City _____

Church Affiliation _____

Phone: Home _____ Father's Work _____ Mother's Work _____

Student's Name	Birthday	Grade Level	Place of Birth
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Please fill out this pre-enrollment form and mail back to Zeeland Christian School as soon as possible. You will be mailed an enrollment form.

Thank you.