



QUINCY CHRISTIAN SCHOOL

1236 N. 10th St. ♦ PO Box 3643 ♦ Quincy, IL 62305 ♦ 217-223-5698
Fax: 217-223-5724 ♦ qcyan@adams.net

"Train a child in the way he should go: and when he is old, he will not turn from it" Proverbs 22:6

2011-2012 STUDENT RE-ENROLLMENT

Thank you for continuing the enrollment of your child(ren) in Quincy Christian School. Our commitment is to glorify the name of Jesus Christ through a quality primary and secondary education in a loving, Christian environment. The completion of this short form will ensure a place for your child(ren) in QCS for the coming school year. Please complete this re-enrollment form and send to QCS along with a check or money order in the amount of \$100 Registration fee per student, **(\$175.00 after May 15, 2011)** and \$25 QACSA membership dues if joining. If you do not wish to be an association member, please check the statement below. If you have more than one child, please include an additional \$100.00 **(\$175 after May 15, 2011)** per child.

I am including \$25.00 for my QACSA membership annual dues.

I do not wish to be a member of the QACSA at this time.

DATE COMPLETED: _____

SECTION 1: STUDENT INFORMATION

1. _____ / / _____
STUDENTS FULL NAME DATE OF BIRTH GRADE ENTERING

ADDRESS CITY STATE ZIP

2. _____ / / _____
STUDENTS FULL NAME DATE OF BIRTH GRADE ENTERING

SAME
AS ABOVE

ADDRESS CITY STATE ZIP

3. _____ / / _____
STUDENTS FULL NAME DATE OF BIRTH GRADE ENTERING

SAME
AS ABOVE

ADDRESS CITY STATE ZIP

4. _____ / / _____
STUDENTS FULL NAME DATE OF BIRTH GRADE ENTERING

SAME
AS ABOVE

ADDRESS CITY STATE ZIP

SECTION 2: PARENT INFORMATION

FATHER:

NAME HOME PHONE Cell EMAIL

SAME
AS ABOVE

ADDRESS CITY STATE ZIP

EMPLOYER BUSINESS PHONE

HOME CHURCH PASTOR'S NAME PHONE

ARE YOU A MEMBER? YES NO MAY WE CONTACT? YES NO

MARITAL STATUS: MARRIED SEPARATED DIVORCED

IF SEPARATED OR DIVORCED PLEASE LIST THE PRIMARY CUSTODIAN? PHONE

MOTHER:

SAME
AS ABOVE

NAME		HOME PHONE	cell	EMAIL	
ADDRESS		CITY	STATE	ZIP	
EMPLOYER			BUSINESS PHONE		
HOME CHURCH		PASTOR'S NAME		PHONE	
ARE YOU A MEMBER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	MAY WE CONTACT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
MARITAL STATUS:	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED		
IF SEPARATED OR DIVORCED PLEASE LIST THE PRIMARY CUSTODIAN?				PHONE	

Quincy Area Christian Schools Association does not discriminate in accepting students on the basis of race, color, national origin, sex, or ancestry. No question on this application is intended to secure information to be used for such discrimination.

Please mail to: Administrator, Quincy Christian School, P O Box 3643, Quincy, IL 62305-3643