

# INSTRUCTIONS FOR REGISTRATION FORM

You may download this document and fill it out on your computer then email it to Kelley Lewis at [bracschool@gmail.com](mailto:bracschool@gmail.com)

OR

You may download this document, print it out, fill it out and mail it to Kelley Lewis at 119 Hampshire Dr. Waynesville, NC 28786

Scroll down to begin!

Thank you.

# BLUE RIDGE ADVENTIST CHRISTIAN SCHOOL REGISTRATION FORM

(Please Print)

Today's date:					
<b>STUDENT INFORMATION</b>					
Student's last name:		First	Middle:	Nickname or Other name used:	
Grade student is registering for 2016-2017 school year:			Birth date ( MM/DD/YR)		Current Age
					Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:				Home phone no.: (   )	
P.O. box:	City:		State:		ZIP Code:

Father's Name	Mobile or Home Phone Number:
	Email Address:
Address:	

Mother's Name :	Mobile or Home Phone Number
	Email Address:
Address:	

Emergency Contact if no parent is available:

Name	Mobile or Home Phone Number
Address:	

<b>PAYMENT INFORMATION</b>			
(For School Use)			
Paid Registration fee of \$60	Applied for opportunity scholarship?	Preferred method of contact:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> email <input type="checkbox"/> postal mail other:	
Cash :			
Check #			

Please indicate any comment or concerns the parent had during registration :

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