



KINGSPPOINT

CHRISTIAN SCHOOL

7900 W. Court Street, Pasco, WA 99301 ♦ (509) 547-6498 ♦ Fax (509) 547-6788

✉ KingspointChristian@kingspoint.org

web: www.kingspoint.org

REGISTRATION

2023-2024

Father/Guardian Name: _____

Mother/Guardian Name: _____

1. Student Name: _____ Grade: _____

2. Student Name: _____ Grade: _____

3. Student Name: _____ Grade: _____

4. Student Name: _____ Grade: _____

Please list who is authorized to pick up your student(s):

Father/Guardian listed above Mother/Guardian listed above

Name _____ Relation to child _____

Phone _____ Alt Phone _____

Name _____ Relation to child _____

Phone _____ Alt Phone _____

Name _____ Relation to child _____

Phone _____ Alt Phone _____

Name _____ Relation to child _____

Phone _____ Alt Phone _____

↑ Additions and changes to the above list must be given in writing to the school office.

SCHOOL DIRECTORY: I give permission for my contact information to be included in the school directory. Check if Decline

PHOTOGRAPHS: I give permission to Kingspoint Christian School or an authorized studio to photograph our child(ren) for in-house pictures, snapshots of parties, and special events, for publicity. Check if Decline

Year: 2023-2024

FOR OFFICE USE ONLY:

Registration

___ Reg. & Curriculum fee **paid**

___ Family Information **signed**

___ Medical Consent **signed**

___ Financial Agreement **signed**

___ Church affiliation **signed**

___ Mission Statement **signed**

___ Student Code of Conduct **signed**

___ KCS Statement of Faith **signed**

___ KCS Belief on Marriage, Gender,
& Sexuality **signed**

___ Immunization Record Card

___ Birth certificate

___ Request for Records:

S1=date sent _____ received

S2=date sent _____ received

S3=date sent _____ received

S4=date sent _____ received