

REGISTRATION FORM

HOME EDUCATION PARTNERSHIP PROGRAM

Cumberland Christian School
1100 W. Sherman Ave.
Vineland, NJ 08360
856-696-1600

Parent's Name _____ Date: _____

Address _____

Email address _____

List all students being enrolled:

Name	Grade Entering	Birth date	Gender	Ethnicity
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Church You Attend _____ Pastor _____

Contact Information:

HOME AND WORK PHONE NUMBERS

Father:

Home _____

Cell Phone _____

Occupation _____

Employer _____

Work _____

Mother:

Home _____

Cell Phone _____

Occupation _____

Employer _____

Work _____

Alternate name and phone number if parents cannot be reached:

Name _____

Phone No. _____

Services in which you wish to be involved at Cumberland Christian School. *(Please check all that apply)*

- | | | |
|---|---|---|
| <input type="checkbox"/> Elementary Special | <input type="checkbox"/> Middle School Course | <input type="checkbox"/> High School Course |
| <input type="checkbox"/> Study Hall | <input type="checkbox"/> Achievement Testing | <input type="checkbox"/> PSAT Testing |
| <input type="checkbox"/> Use of the library | <input type="checkbox"/> Athletics | <input type="checkbox"/> School Pictures |

*Please submit authorization from the superintendent of your local school district granting approval to home school.

Parent's Signature _____

Date _____

**The Cumberland Christian School admits students of any race, color, national and ethnic origin, disability or handicap to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin, disability or handicap in administration of its educational policies, admissions policies, scholarship and loan program, and athletic and other school administrated programs.