



STUDENT REGISTRATION FORM

a: 1714 SE 36th Ave, Ocala, FL 34471

p: 352.694.4178 f: 352.694.7192

w: ocacrusaders.com

For Office Use Only

Date _____	Scholarship _____	Book Fee _____
Grade _____	Application Fee _____	Tuition _____
Entrance Date _____	Testing Fee _____	
Teacher _____	Registration Fee _____	Total Paid _____

GENERAL INFORMATION

Legal Name of Child _____ Goes by _____
Last First Middle

Address _____ Zip Code _____
Street City State

Student Email _____ Student Cell _____

Home Phone _____ Father Cell _____ Mother Cell _____

Parent's Email _____ Would you prefer e-mail statements? Yes ___ No ___

Age _____ Date of Birth _____ Gender _____ Race _____ Grade _____ Last Grade Attended _____
Month/Day/ Year

Name and Grades of OCA Siblings _____

Father/Stepfather/Guardian Name _____ Work Phone _____

Place of Employment _____ Occupation _____

Address of Employment _____ Zip Code _____
Street City State

Mother/Stepmother/Guardian Name _____ Work Phone _____

Place of Employment _____ Occupation _____

Address of Employment _____ Zip Code _____
Street City State

If parents are divorced/separated, with whom does the child reside? _____
(All legal documents defining custody and visitation must be on file with the OCA office.)

Church of Affiliation _____ Address _____
Street City State

Persons other than parents who are permitted to pick-up student and/or to be notified in case of illness or accident:

Name _____ Address _____
Street City State
Relationship _____ Phone _____

Name _____ Address _____
Street City State
Relationship _____ Phone _____

