



Grand Island Christian School

1804 W. State St., Grand Island, NE 68803
308-384-2755 Fax 308-389-3286 Web www.gichristian.org

RE-REGISTRATION

Only for Returning Students of Grand Island Christian School

Name of Student _____	Grade Next Year _____	Birthdate _____
Name of Student _____	Grade Next Year _____	Birthdate _____
Name of Student _____	Grade Next Year _____	Birthdate _____
Name of Student _____	Grade Next Year _____	Birthdate _____

For any children who are attending their first year at GICS, please request a separate registration form from the school office.

Please Update Parent Information

Father or <input type="checkbox"/> Guardian <input type="checkbox"/> Stepfather	Mother or <input type="checkbox"/> Guardian <input type="checkbox"/> Stepmother
Name	Name
Home Address	Home Address
Home Phone Cell Phone	Home Phone Cell Phone
Email Address	Email Address
Employer or Business	Employer or Business
Business Address	Business Address
Business Phone	Business Phone

Permission Agreement

1. MEDIA AGREEMENT

I grant permission for my child(ren) to be included in any photos Grand Island Christian School may use for school newsletters, yearbooks, promotions, school website, etc.

Parent's Signature _____ Date _____

2. SCHOOL DIRECTORY AGREEMENT

I grant permission for my child(ren)'s name, address, phone number, and email address to be included in the Student Directory that will be given to all families.

Parent's Signature _____ Date _____

3. FIELD TRIP AGREEMENT

I grant permission for my child(ren) to attend all activities during the school year. Parents will be notified before students are taken off the school grounds.

Parent's Signature _____ Date _____