



# 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 _____	Total Paid _____
Teacher _____	Registration Fee _____	

Scholarship: (Check one if applies)  Step Up  McKay  Gardiner  AAA  FES

### 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 Entering \_\_\_\_\_  
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 \_\_\_\_\_

