



Watertown Christian School

15 12th Avenue Northeast
Watertown, South Dakota 57201
Phone: (605) 882-0949 Fax: (605) 882-5935



Student Application

2019-2020

**** Please complete a separate form for each child ****

Child's Full Name: _____ Grade Entering Fall 2019: _____
Last First Middle

Name Child Likes to be called: _____ Ethnicity: _____

Date of Birth: _____ Place of Birth: _____
Month / Day / Year City County State

Parent's Address: _____

Home Phone: _____ Parents' Email Address: _____

Father: _____
Last First Middle

Mother: _____
Last First Middle

Occupation: _____

Occupation: _____

Employer _____

Employer _____

Employer address _____

Employer address _____

GENERAL INFORMATION:

Previous school(s) attended:
Name Address Phone

Why do you desire to enroll your child in Watertown Christian School? _____

Does your child attend Sunday school and church regularly? _____

What extra-curricular activities are of interest to your child? _____

Please complete other side

