

Date Received: _____

Amount Paid: _____

Billings Christian Schools
Rimrock Christian High School
Rimview Christian School
4519 Grand Avenue, Billings MT 59106
Phone: 406-656-9484 Fax: 406-655-4880
Email: bc@billingschristianschool.org

2011-2012 REGISTRATION FOR RETURNING STUDENTS

Please fill out this form and return it to the school with the registration fee. Please refer to the 2011-2012 Fee Schedule. The Registration Fee is non- refundable.

Student's Name: _____ Grade Entering: _____

1) Parent/Guardian Name _____

Home Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Employer _____ Work Phone _____

2) Parent/Guardian Name _____

Home Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Employer _____ Work Phone _____

Name of church your family attends: _____

Family e-mail address, for weekly school newsletter: _____

Persons Authorized to Care for the Child in Case of Emergency if Parents Cannot be Reached

1) Name: _____ Phone _____

2) Name: _____ Phone _____

List any **health changes**, information, or new allergies.

Tuition Options: Paid in full by July 1 FACTS

Please include our family in all school publications (yearbook, website, and directory). YES NO

1) Parent/Guardian Signature Date

2) Parent/Guardian Signature Date