



Enrollment Application

Applicant Information

Name: _____ Date of Birth: _____ Gender: M / F
(first/middle/last)

Entering Grade: _____ Address: _____

Email: _____ Phone Number: _____

Is the Applicant a citizen of the United States? Yes / No

Parent/Legal Guardian Information

Name: _____ Date of Birth: _____
(first/middle/last)

Relationship to Applicant: _____

Email: _____ Phone Number: _____

Is the parent/legal guardian a citizen of the United States? Yes / No

* Send this application to Spring Vale Christian School at 4150 S. M-52 Owosso, MI. After receiving your application, you will be contacted by someone from Spring Vale's admissions office about your next enrollment steps.

Parent Signature: _____ Date: _____