

APPLICATION TO BOARD CHILDREN

Christian Home & Bible School

301 W. 13th Avenue

Mount Dora, FL 32757

Ph: (352) 383-9906

FAX: (352) 383-5150

Last Name _____ Date _____

Wife _____
(First Name) (Maiden Name) (Social Security No.) (Bus. Phone)

Husband _____
(First Name) (Middle Name) (Social Security No.) (Bus. Phone)

Address _____
(No.) (Street) (Town or City) (State) (Zip)

Home Telephone _____ Emergency Contact Phone _____

Previous Address _____
(No.) (Street) (Town or City) (State) (Zip)

Husband

(Birthdate) (Birth Place) (Race) (Date became member of church of Christ)

(Occupation) Average Income: _____
(Monthly or Weekly)

Wife

(Birthdate) (Birth Place) (Race) (Date became member of church of Christ)

(Occupation) Average Income: _____
(Monthly or Weekly)

(Date of Marriage) (Place) (By Whom Married)

OWN CHILDREN AT HOME

Name	Birthdate	School or Occupation

We wish to apply for _____

(Give age, sex and other details of child or children desired)

ALL OTHERS IN HOUSEHOLD

Name	Age	School or Occupation	Relationship

Do you live in a house _____ or apartment _____ Do you rent or own home? _____

No. of Rooms _____ No. of Bedrooms _____ Will child share room? _____ With whom? _____

Directions for reaching your home: _____

What school will child attend? _____

Have you boarded children before? _____

From an Agency? _____ Own Parents? _____ When? _____
(Give Name)

Have you applied for a child before? _____ From Whom? _____ When? _____

Physician's Name _____ Address _____

Minister's Name _____
(Church of Christ Membership Address)

REFERENCES

(Please give three who have known you well over a period of years. Include one Elder.)

Name	Address

Husband's Signature

Wife's Signature

This form is merely a statement of intention and can be withdrawn by the applicant at any time.