

**Mountainside Christian Academy
General Information Update
2016-2017 School Year**

Last Name: _____ Students' First Names: _____ _____ Parents' First Names: _____	Phone Numbers Home: _____ Dad (Work): _____ Dad (Cell): _____ Mom (Work): _____ Mom(Cell): _____
Address: _____ _____	Other Emergency Contact Name: _____ Phone: _____
E-mail address(s) where you wish to receive the Viking Viewpoint and other school notifications: _____ _____	Transportation/School District ___ My child rides the North Warren Bus ___ My child rides the Schroon Lake Bus ___ My child does not ride the bus. We reside in the _____ school district.

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