



The New Testament Christian School

New Contact Form

Please email or fax this form to the school office:
admin@tntcpsplymouth.com or FAX# 1-508-833-0920

Date: _____

Name of Contact: _____

Parent(s) / Guardian(s) if different: _____

Phone: _____ Email: _____

Address: _____

Children:	<u>Name</u>	<u>Age</u>	<u>Current Grade Level</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Church Currently Attending: _____

How did you learn about us? _____

Notes: _____

Office Use Only

Prospective Family requestd Information Packet Appointment

Information Packet was mailed on _____

An appointment has been scheduled for _____ at _____ AM / PM

Follow-up Phone Call (3d after packet sent)

Appt Confirmation emailed on _____

Appointment Held

Appointment Rescheduled _____

Thank you card mailed _____

Follow-up Phone Call (7d after appointment)