



REGISTRATION FORM
2016-2017

GRADE ENTERING: _____ DATE: _____

STUDENT: ___ MALE ___ FEMALE PHONE# _____

FULL NAME: _____
(Last) (First) (Middle) (Nickname)

ADDRESS _____
(Street) (City) (State) (Zip)

BIRTH DATE: _____ AGE _____ BIRTHPLACE _____ SS# _____

IF DIVORCED/SEPARATED CHILD RESIDES WITH _____

RELIGION: _____ PLACE OF WORSHIP: _____

ETHNIC BACKGROUND: ___ CAUCASIAN ___ HISPANIC ___ BLACK ___ OTHER

FATHER _____ (_____)
First Middle Last (Marital Status)

HOME ADDRESS: _____ PHONE: _____

PLACE OF EMPLOYMENT: _____ PHONE: _____

Email ADDRESS _____ CELL PHONE# _____

RELIGION: _____ PLACE OF WORSHIP: _____

MOTHER _____ (_____)
First Last MAIDEN NAME (Marital Status)

HOME ADDRESS: _____ PHONE: _____

PLACE OF EMPLOYMENT: _____ PHONE: _____

Email ADDRESS _____ CELL PHONE# _____

RELIGION: _____ PLACE OF WORSHIP: _____

ADDITIONAL INFORMATION REQUESTED
MATERNAL GRANDPARENTS

PATERNAL GRANDPARENTS

NAME _____

NAME _____

STREET ADDRESS _____

STREET ADDRESS _____

CITY, ST ZIP _____

CITY, ST ZIP _____

PAYMENT OPTIONS: (Please check one option)

FULL TUITION DUE JULY 1, 2016 ___ 10 MONTHLY PAYMENT DUE 1ST OF MONTH BEGINNING AUGUST 1, 2016 ___

OFFICE USE ONLY:

Registration Fee _____ Cash _____ Check _____ COURT ORDER OR DECREE: _____