



RETURNING STUDENT REGISTRATION FORM
2020-2021

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 AUGUST 3, 2020 ___ 10 MONTHLY PAYMENT DUE 1ST OF MONTH BEGINNING AUGUST 3, 2020 ___

OFFICE USE ONLY:

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