

NEW FAMILY REGISTRATION FORM

FAMILY NAME _____

MARITAL STATUS: MARRIED DIVORCED SEPARATED REMARRIED SINGLE
(circle one)

FATHER'S NAME _____ **WORK PHONE** (____) _____

CELL PHONE (____) _____

MOTHER'S NAME _____ **WORK PHONE** (____) _____

CELL PHONE (____) _____

ADDRESS _____

CITY-STATE-ZIP _____

HOME PHONE (____) _____ **UNLISTED? YES / NO**
(an unlisted phone number will not appear in the directory)

Bills and school correspondence are done through Option C.
Please provide a required email address.

*** REQUIRED EMAIL ADDRESS** _____

RELIGION:

FATHER _____ **MOTHER** _____ **CHILD/REN** _____

WHAT CHURCH ARE YOU A REGISTERED MEMBER _____

WHAT IS THE SCHOOL DISTRICT WHERE YOU LIVE _____

METHOD OF TUITION PAYMENT **PLAN A** () Tuition paid over 10 months
 PLAN B () Tuition paid-in-full by Sept.1
 _____ I am requesting a Financial Aid Form

<u>CHILD'S NAME</u>	<u>BIRTHDATE</u>	<u>FOR GRADE:</u>
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____

_____ **DATE**

_____ **PARENT SIGNATURE**

TRANSFER STUDENTS: School name: _____
 School address: _____

 School Fax number: _____