



**REGISTRATION FORM  
2019-2020**

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 1, 2019 \_\_\_\_\_ 10 MONTHLY PAYMENT DUE 1<sup>ST</sup> OF MONTH BEGINNING AUGUST 1, 2019 \_\_\_\_\_

**OFFICE USE ONLY:**

Registration Fee \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ COURT ORDER OR DECREE: \_\_\_\_\_