



**REGISTRATION FORM**

Date of Enrollment: \_\_\_\_\_

**STUDENT INFORMATION**

Student's Last Name: \_\_\_\_\_

Student's First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**FAMILY INFORMATION**

Mother's Name: _____	Father's Name: _____
Date of Birth: _____	Date of Birth: _____
Occupation: _____	Occupation: _____
Work Address: _____	Work Address: _____
_____	_____
_____	_____
Work Phone: _____	Work Phone: _____
Home Address: _____	Home Address: _____
_____	_____
_____	_____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
E-mail address: _____	E-mail address: _____

Marital Status:     Married                       Separated                       Divorced

Legal Guardian:     Mother                       Father

Other \_\_\_\_\_

\*If other please give details:

Guardian's Home Phone: (    ) \_\_\_\_\_

Cell Phone : (    ) \_\_\_\_\_

**SIBLINGS**

<b>Name</b>	<b>Date of Birth</b>	<b>Age</b>

**EDUCATIONAL INFORMATION**

Name & Contact Details of current school or last school attended:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Dates of Attendance:

\_\_\_\_\_

Type of School:    Private    Public

Choice of Transportation?

School Service Bus

Family

Driver

Other \_\_\_\_\_

By signing below, you verify that you have received the above items and that all information on this registration form is complete and accurate.

\_\_\_\_\_

**Signature of Parent/Guardian**

\_\_\_\_\_

**Date**