



Student Registration Form

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY
(FRONT AND BACK).

STUDENT ONE

NEW ENROLLMENT RETURNING STUDENT

LAST NAME	FIRST NAME	MIDDLE NAME	NICKNAME
____-____-____	____/____/____	(____)____-____	GRADE ENTERING
SOCIAL SECURITY NUMBER		BIRTHDATE (MM/DD/YYYY)	
HOME PHONE		STATE ZIP CODE	
STREET ADDRESS		CITY	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		RACE CHURCH NAME	
PARENTS' FIRST AND LAST NAMES		STUDENT'S EMAIL ADDRESS (OPTIONAL)	

STUDENT TWO

NEW ENROLLMENT RETURNING STUDENT

LAST NAME	FIRST NAME	MIDDLE NAME	NICKNAME
____-____-____	____/____/____	(____)____-____	GRADE ENTERING
SOCIAL SECURITY NUMBER		BIRTHDATE (MM/DD/YYYY)	
STREET ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		RACE CHURCH NAME	
PARENTS' FIRST AND LAST NAMES		STUDENT'S EMAIL ADDRESS (OPTIONAL)	

STUDENT THREE

NEW ENROLLMENT RETURNING STUDENT

LAST NAME	FIRST NAME	MIDDLE NAME	NICKNAME
____-____-____	____/____/____	(____)____-____	GRADE ENTERING
SOCIAL SECURITY NUMBER		BIRTHDATE (MM/DD/YYYY)	
STREET ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		RACE CHURCH NAME	
PARENTS' FIRST AND LAST NAMES		STUDENT'S EMAIL ADDRESS (OPTIONAL)	

