



Student Registration 2016-2017

STUDENT(S) INFORMATION					
1	Last Name	First Name	DOB	Gender	Last Level Attended at the Weekend School:
2	Last Name	First Name	DOB	Gender	Last Level Attended at the Weekend School:
3	Last Name	First Name	DOB	Gender	Last Level Attended at the Weekend School:

PARENT/GUARDIAN INFORMATION			
Father	Last Name	First Name	
Mother	Last Name	First Name	
Guardian	Last Name	First Name	
Address		City	State Zip Code
Home Phone	Work/Cell Phone	Email Address	

FEES	(\$225) per child. Registration fee and books are included.	LIMITED NEED-BASED TUITION DISCOUNTS/WAIVERS ARE AVAILABLE
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HEALTH & EMERGENCY CONTACT INFORMATION			
Does the child have any serious health conditions or allergies?			
In cases of emergency, please contact:			
Last Name	First Name	Relationship to child(ren)	
Address		City	State Zip Code
Home Phone	Work/Cell Phone	Email Address	

PARENT/GUARDIAN SIGNATURE	
I certify that all the information provided is accurate to the best of my knowledge.	
Signature X _____	Date _____
OFFICE USE ONLY	
Administrative Initials _____	Date _____