



Registration Form

School Year: _____ Grade: _____

Name of Student: _____

Preferred Name: _____ Last First Middle
Gender: Male Female Date of Birth: ____ / ____ / ____
(Circle one) Month Day Year

Home Address: _____

Home Phone Number: (____) _____ House Number Street/Rd. Name Apt.# City State Zip
Email Address: _____

Baptism: _____
Church Name City State Month Day Year (if known)

School District of Residence: _____

Would you like to have bus service? (L-C District only) Circle one Yes No

Do you need after school childcare? Circle one Yes No

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Father or Guardian: \_\_\_\_\_ Religion: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Last First Work # (\_\_\_\_) Cell # (\_\_\_\_)

Mother: \_\_\_\_\_ Religion: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Maiden Name Last First Work # (\_\_\_\_) Cell # (\_\_\_\_)

Church family belongs to: \_\_\_\_\_

Parent's Marital Status (Check one): Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Single \_\_\_\_  
Name of Church City State

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Children - Names and ages of all siblings: Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

Student lives with: (Check one)
Both Parents ____ Father ____ Mother ____ Grandparents ____ Foster Parents ____ Other ____

Student Ethnicity: (Select your dominant ethnicity, check one)
White/Not Hispanic ____ Black/African American ____ Hispanic ____ Other ____

Student's Birthplace: _____
City State Country

Home Language:
What is the primary language used in the home? _____

What is the language most often spoken by the student? _____