

Today's Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_  
Time \_\_\_\_\_  
Cash or Check # \_\_\_\_\_

**\$100 Non-refundable Registration Fee is required  
After March 19, Registration Fee is \$125**

Student's Full Name: \_\_\_\_\_  
Last First Middle Answers to

Student's Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
If different from street address

Student's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female

Entering Grade (21-22): \_\_\_\_\_ IEP/504 Plan: Yes \_\_\_ No \_\_\_

School District in which you reside: \_\_\_\_\_ Previous School & District: \_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION**

**Parent/Guardian Email:** \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone ( ) - \_\_\_\_\_  
Home Address \_\_\_\_\_ Cell Phone ( ) - \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Lives with Student? Yes \_\_\_ No \_\_\_  
Employer/Occupation \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION**

**Parent/Guardian Email:** \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone ( ) - \_\_\_\_\_  
Home Address \_\_\_\_\_ Cell Phone ( ) - \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Lives with Student? Yes \_\_\_ No \_\_\_  
Employer/Occupation \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

**OTHERS AUTHORIZED TO PICK UP**

Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Relationship to the student \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Relationship to the student \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**CUSTODY (Documentation required if any of these situations exist):**

- Birth parents legally separated
- Divorced, shared parenting plan
- Divorced, mother residential parent for schooling
- Divorced, father residential parent for schooling
- Mother single at time of birth
- Father listed on birth certificate
- Grandparent Power of Attorney
- Grandparent Affidavit
- Legal Guardian
- Foster parent

**Other:** \_\_\_\_\_