

Today's Date _____

FOR OFFICE USE ONLY

Date Received _____

Time _____

Cash or Check # _____

**\$75 Non-refundable Registration Fee is required
After March 15, Registration Fee is \$100**

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

Grade: _____ IEP/504 Plan: Yes _____ No _____

Local School District: _____ 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 _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Email: _____

Father's Name _____

Home Phone () - _____

Home Address _____

Cell Phone () - _____

City/State/Zip _____

Lives with Student? Yes _____ No _____

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Birth parents legally separated | <input type="checkbox"/> Mother single at time of birth | <input type="checkbox"/> Legal Guardian |
| <input type="checkbox"/> Divorced, shared parenting plan | <input type="checkbox"/> Father listed on birth certificate | <input type="checkbox"/> Foster parent |
| <input type="checkbox"/> Divorced, mother residential parent for schooling | <input type="checkbox"/> Grandparent Power of Attorney | |
| <input type="checkbox"/> Divorced, father residential parent for schooling | <input type="checkbox"/> Grandparent Affidavit | |

Other: _____