

GRADES 9 & 10 CONFIDENTIAL REGISTRATION FORM

2017 - 2018

Last name of students: _____ Family name if different: _____

Telephone: (H) _____ (W) _____ (Cell) _____

E-mail: _____ **THIS IS OUR MAIN WAY TO COMMUNICATE WITH YOU**

Address of students: _____

Father's full name: _____

Address if different: _____

Mother's full name: _____ maiden: _____

Address if different: _____

Student's full name: _____ DOB _____

Students email address _____ Sex: ____ School _____ Grade 2017 - 2018 ____

Church of Baptism: _____ Year: _____

City: _____ State: _____ ZIP: _____

Does this child have any learning, behavior or health issues we should be aware of in order to provide an appropriate learning environment? _____ If yes, please explain on separate sheet.

Student's full name: _____ DOB _____

Students email address _____ Sex: ____ School _____ Grade 2017 - 2018 ____

Church of Baptism: _____ Year: _____

City: _____ State: _____ ZIP: _____

Does this child have any learning, behavior or health issues we should be aware of in order to provide an appropriate learning environment? _____ If yes, please explain on separate sheet.

Fee Schedule 2017 – 2018

\$210.00 x # of children = _____ **For registration submitted BEFORE June 1ST deduct \$50 per child**

After September 1st \$225 (\$15 late fee) Amount paid _____ Date paid _____

Student's full name: _____ DOB _____

Students email address _____ Sex: ____ School _____ Grade 2017 - 2018 _____

Church of Baptism: _____ Year: _____

City: _____ State: _____ ZIP: _____

Does this child have any learning, behavior or health issues we should be aware of in order to provide an appropriate learning environment? _____ If yes, please explain on separate sheet.

Student's full name: _____ DOB _____

Students email address _____ Sex: ____ School _____ Grade 2017 - 2018 _____

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