

L ★ O ★ U ★ R ★ D ★ E ★ S

2019 - 2020 ACADEMIC YEAR STUDENT RE-REGISTRATION FORM

1st Child's Name: _____ Date of Birth: _____ Grade: _____
(Legal Last, First, Middle)

2nd Child's Name: _____ Date of Birth: _____ Grade: _____
(Legal Last, First, Middle)

3rd Child's Name: _____ Date of Birth: _____ Grade: _____
(Legal Last, First, Middle)

4th Child's Name: _____ Date of Birth: _____ Grade: _____
(Legal Last, First, Middle)

5th Child's Name: _____ Date of Birth: _____ Grade: _____
(Legal Last, First, Middle)

Address:

(Number) (Street) (City) (State) (Zip)

Public School District residing in: _____

Public School Building Children would attend: _____
(Elementary) (Middle School)

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PARENT INFORMATION

Primary Contact Name: _____ Occupation: _____
(First) (Last) (Maiden Name if applicable)

Home Phone Number: _____ Cell Phone Number: _____

Religion: _____ Email: _____

Employer: _____ Work Phone: _____

Secondary Contact Name: _____ Occupation: _____
(First) (Last) (Maiden Name if applicable)

Address (If different from child):

(Number) (Street) (City) (State) (Zip)

Home Phone Number: _____ Cell Phone Number: _____

Religion: _____ Email: _____

Employer: _____ Work Phone: _____

