



## 2020-2021 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)

=====

### 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: \_\_\_\_\_

(over)





**PAYMENT AUTHORIZATION FORM  
2020-2021**

**Family Name:** \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Registration completed for each student:** \_\_\_ Yes \_\_\_ No

**Payment of the Education Fee (\$300.00 per student) will be made in the following manner (check the one that applies):**

Please bill through FACTS: \_\_\_\_\_

**Payment is attached:**

Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

Cash: \_\_\_\_\_ Amount: \_\_\_\_\_

**Payment may be made in the school office via Credit Card: (in School Office)**

Credit Card Confirmation # & Receipt: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date