



2021-2022 STUDENT RE-REGISTRATION FORM

Please complete both sides of this 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: _____

(over)

L·O·U·R·D·E·S
