



Great Teachers. Great Education

REGISTRATION FORM 2024-2025 • GRADES K-8

MOTHER (or legal guardian)

Mother's Name		Employer	
Home Address	City	State	Zip
Church	City		
Home Phone	Business Phone	Cell Phone	
Email Address			

FATHER (or legal guardian)

Father's Name		Employer	
Home Address	City	State	Zip
Church	City		
Home Phone	Business Phone	Cell Phone	
Email Address			

OTHERS RESPONSIBLE

Stepparent, if applicable		Daytime Phone	
City	State	OFFICE ONLY: Court document received? Yes / No	

MISCELLANEOUS

Do you need busing? Yes / No

Public school district you live in/school name

Ethnic Background (Optional): ☐ African-American ☐ Asian ☐ Caucasian

☐ Hispanic ☐ Native American ☐ Other

CHILDREN

					M / F
Child #1.	First Name	Middle	Last		
Age	Birth date	SSI #	Church / Denomination	Grade in Sept. '24	
					M / F
Child #2.	First Name	Middle	Last		
Age	Birth date	SSI #	Church / Denomination	Grade in Sept. '24	
					M / F
Child #3.	First Name	Middle	Last		
Age	Birth date	SSI #	Church / Denomination	Grade in Sept. '24	
					M / F
Child #4.	First Name	Middle	Last		
Age	Birth date	SSI #	Church / Denomination	Grade in Sept. '24	

IN CASE OF EMERGENCY

PLEASE LIST UP TO THREE CONTACTS OTHER THAN PARENTS

	Name	Phone	Relationship
1.			
2.			
3.			

Health Concerns? ☐ Yes ☐ No If yes, please specify _____

REGISTRATION FEE

Payable by April 15, 2024 \$35 Single / \$50 Family _____
Date Paid Amount

I (We) agree to support this school in tuition, school policies, and fundraising activities, including working festival which is expected of all parents.

Signature _____ Date _____ Acknowledged by _____ Date _____