



School Registration Application ***OFFICIAL***

Student's Grade Level in 2025-26: (circle one)

PreK (4yr olds) Kindergarten (5yr olds) 1 2 3 4 5 6 7 8

Student's Name: _____

FIRST

MIDDLE

LAST

\$100 non-refundable deposit paid: _____ **Date Received by:** _____

Birth Date: _____ State Where Born: _____

Father's Name: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Mother's Name: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Who else takes care of the child? _____

Address: _____ Phone: _____

In case of emergency call: _____ Phone: _____

Doctor: _____ Phone: _____

Major diseases child has had: _____

Allergies: _____

List names and ages of other children in family:

Signature: _____ **Date:** _____

NOTICE OF NONDISCRIMANTORY POLICY AS TO STUDENTS

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