



Registration for Returning Families

2024-2025

Family Name: _____

Child(ren)'s Name	Date of Birth	Grade in 2024-2025

Please include the \$100.00 per family registration fee with the return of your registration form.

Please complete the following so that we may verify or update our records.

(If there are two households, please provide information for both.)

Parent/Guardian Information

Name	Cell Phone	Email Address

Address _____

City _____ State _____ Zip Code _____

If the student has two households, please list the parent name/address of the additional household below:

Name _____ Address _____

City _____ State _____ Zip Code _____

Home School District _____

Religion _____ Parish Affiliation _____

Check where appropriate:

Parents are together _____ Parents are divorced _____ Parents are separated _____

Student ethnicity:

American Indian or Alaska Native _____ Black or African American _____ Asian _____

Hispanic or Latino _____ White _____ Multi-racial _____

Emergency Contact Information

Name/Relationship	Cell Phone	Has my permission to pick up my child(ren) Y/N