

STUDENT ENROLLMENT FORM

Date of Application: _____ Date of Enrollment: _____

Attention Parents: This information must be kept current at all times. This form is required annually.

Child's Name: _____ Child's Date of Birth: _____

Child's Address: _____ City: _____ Zip Code _____

Parent/Guardian Name: _____ Address: _____

City: _____ Zip Code: _____

Home Telephone #: (____) _____ Cell #: (____) _____

Emergency Contact # (____) _____ e-mail Address: _____

Employer: _____ Work #: (____) _____

Employer's Address: _____ City: _____ Zip Code _____

STUDENT DIS-ENROLLMENT

For request for dis-enrollment, you must notify the Student Registration Information Office Immediately.
If you are the authorized parent, you must provide the following information.

Name: _____

Address: _____

Phone Number: (____) _____

Relationship to Enrollee: _____

School: _____ Grade: _____

Effective Date: _____

Signature