



RE-REGISTRATION FORM 2023/2024

Name

Address

City

State

Zip

Father's Full Name

Lives with Student ☐ Yes ☐ No

Father's Cell phone

Work Phone

Mother's Full Name

Lives with Student ☐ Yes ☐ No

Mother's Cell Phone

Work Phone

Marital Status ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

If parents are separated, who is the legal guardian?

EMERGENCY CONTACTS (not living with you)

Contact #1

Name

Relation to student

Cell Phone

Daytime Phone

Contact #2

Name

Relation to student

Cell Phone

Daytime Phone

MEDICAL INFORMATION

Family Physician

Phone

Does your child have any serious illnesses or handicaps?

Please explain:

RELIGIOUS INFORMATION

Church Attending

Phone

Pastor

Address

City

State

Zip

This application must be filled out completely before it can be processed. **The Registration Fee is due with this application.**