

AMOUNT PAID \_\_\_\_\_

**BUSINESS OFFICE FORM  
THIS FORM MUST BE FILLED OUT COMPLETELY  
AND ENROLLMENT FEE ATTACHED**

HOME # \_\_\_\_\_ HOME # \_\_\_\_\_

EMERGENCY # \_\_\_\_\_ EMERGENCY # \_\_\_\_\_

FATHERS NAME \_\_\_\_\_ MOTHERS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

D.O.B. \_\_\_\_\_ SS# \_\_\_\_\_ D.O.B. \_\_\_\_\_ SS# \_\_\_\_\_

EMPLOYMENT \_\_\_\_\_ EMPLOYMENT \_\_\_\_\_

WORK# \_\_\_\_\_ WORK # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**NAMES OF CHILDREN ENROLLING FOR THE 20\_\_ / 20\_\_ SCHOOL YEAR**

FULL NAME _____	D.O.B. _____	GRADE _____
FULL NAME _____	D.O.B. _____	GRADE _____
FULL NAME _____	D.O.B. _____	GRADE _____
FULL NAME _____	D.O.B. _____	GRADE _____

***ADDITIONAL NAMES MAY BE PUT ON BACK***

MARITAL STATUS \_\_\_ MARRIED \_\_\_ REMARRIED \_\_\_ DIVORCED \_\_\_ SEPARATED \_\_\_ OTHER \_\_\_

WHO HAS LEGAL CUSTODY OF CHILD/CHILDREN? \_\_\_\_\_

WHO IS CHILD/CHILDREN LIVING WITH NOW? \_\_\_\_\_

TUITION TO BE BILLED TO \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF BANK \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

**IF ANYONE OTHER THAN YOU WILL BE PAYING BILL, PLEASE COMPLETE**

TUITION TO BE BILLED TO \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ WORK# \_\_\_\_\_

EMPLOYMENT \_\_\_\_\_ PROFESSION \_\_\_\_\_

NAME OF BANK \_\_\_\_\_ ACCOUNT# \_\_\_\_\_