

CLASS REGISTRATION FORM

Student Name: _____ *Age:* _____

Name: _____ *Age:* _____

Name: _____ *Age:* _____

Father's Name & Cell: _____

Mother's Name & Cell: _____

Home Phone: _____

Address:

Street: _____

City, State, Zip: _____

E-Mail: _____

Method of Payment: *Charter funds* *Check* *Cash*

Office use only

Family total due: _____ *Charter:* _____

Payments first semester: *1st payment:* _____

2nd payment: _____

3rd payment: _____

Payments second semester: *1st payment:* _____

2nd payment: _____

3rd payment: _____