



STUDENT REGISTRATION 2017 – 2018 SCHOOL YEAR

Student's Last Name _____ First Name _____

Birthday _____

Address _____

City, State, Zip _____

Grade they will be entering _____

Parish _____

Mother's Name _____

Mother's Address _____

Mother's Cell Phone _____ Home Phone _____

Mother's Occupation _____ Mother's email _____

Father's Name _____

Father's Address _____

Father's Cell Phone _____ Home Phone _____

Father's Occupation _____ Father's email _____

****\$100 Non-Refundable Registration Fee Due with this Form***