



HOUSEHOLD REGISTRATION FORM

Primary Guardian(s)

Name: _____

Address: _____

Home Phone: (_____)_____

Cell Phone: (_____)_____

E-Mail: _____

Gender (Circle One): M F

Name: _____

Address: _____

Home Phone: (_____)_____

Cell Phone: (_____)_____

E-Mail: _____

Gender (Circle One): M F

Admin Staff

Driver's License: _____

Utility Bill: _____

Staff Member: _____

Date Received: _____

Date Sent: _____

Username: _____

Password: _____

Other Family Members

Member 1:

Name: _____

Address: _____

Age: _____

Birthdate: ____/____/____

Current Grade: _____

Gender (Circle One): M F

Member 2:

Name: _____

Address: _____

Age: _____

Birthdate: ____/____/____

Current Grade: _____

Gender (Circle One): M F

Member 3:

Name: _____

Address: _____

Age: _____

Birthdate: ____/____/____

Current Grade: _____

Gender (Circle One): M F

Member 4:

Name: _____

Address: _____

Age: _____

Birthdate: ____/____/____

Current Grade: _____

Gender (Circle One): M F

Member 5:

Name: _____

Address: _____

Age: _____

Birthdate: ____/____/____

Current Grade: _____

Gender (Circle One): M F

Member 6:

Name: _____

Address: _____

Age: _____

Birthdate: ____/____/____

Current Grade: _____

Gender (Circle One): M F