



HOUSEHOLD REGISTRATION FORM

Primary Guardian(s)

Name: _____

Address: _____

Home Phone: (____) _____

Cell Phone: (____) _____

E-Mail: _____

Birthdate: ____/____/____

Gender (Circle One): M F

Name: _____

Address: _____

Home Phone: (____) _____

Cell Phone: (____) _____

E-Mail: _____

Birthdate: ____/____/____

Gender (Circle One): M F

Admin Staff

Driver's License: _____

Utility Bill: _____

Staff Member: _____

Date Received: _____

Date Sent: _____

Username: _____

Password: _____

Family Member 1:

Name: _____

Address: _____

Age: _____

Birthdate: ____/____/____

Grade Fall 2018: _____

Gender (Circle One): M F

Family Member 2:

Name: _____

Address: _____

Age: _____

Birthdate: ____/____/____

Grade Fall 2018: _____

Gender (Circle One): M F

Family Member 3:

Name: _____

Address: _____

Age: _____

Birthdate: ____/____/____

Grade Fall 2018: _____

Gender (Circle One): M F

Family Member 4:

Name: _____

Address: _____

Age: _____

Birthdate: ____/____/____

Grade Fall 2018: _____

Gender (Circle One): M F

Family Member 5:

Name: _____

Address: _____

Age: _____

Birthdate: ____/____/____

Grade Fall 2018: _____

Gender (Circle One): M F

Family Member 6:

Name: _____

Address: _____

Age: _____

Birthdate: ____/____/____

Grade Fall 2018: _____

Gender (Circle One): M F
Page 1 of 1