

2016-2017 Nativity School of Religion RETURNING Registration Form

(Please Print Clearly ~ Complete this form ~ Forms that are not signed will be returned)

Questions? Call (650) 853-1009 or email: mon.hickam@gmail.com

For Office Use Only

Date Received

Tuition Paid

Family Name _____

Address _____ Father's Name _____

City _____ Zip _____ Father's Occupation _____

Home Phone _____ Father's Religion _____

We communicate via email: _____ Father's Cell # _____

1st email _____ Mother's Name _____

2nd email _____ Mother's Occupation _____

Mother's Religion _____

Mother's Cell # _____

Is the family last name different from the student's last name? Yes _____ No _____

If yes, what is the student's last name? _____

RETURNING Student information: (Use additional sheet, if needed.)

Student Name	Academic School Name	2016-2017 School Grade	2016-2017 School of Religion Grade (For Office Use ONLY)	
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

Special needs of students being registered...

If your student has any physical, emotional, medical or education concerns, please explain so we can be sensitive to their needs. (Example: hearing loss, speech problems, learning disabilities, ADHD, food allergies, required medications, etc.)

Student's Name _____ Remarks _____

Student's Name _____ Remarks _____

Parent Signature _____ Date _____