

MEMORIAL HALL SCHOOL

2018 – 2019 ENROLLMENT FORM

DATE _____ GRADE _____

STUDENT NAME _____ AGE _____ GENDER _____
LAST FIRST MIDDLE

STUDENT'S EMAIL ADDRESS _____

CURRENT ADDRESS _____ CITY/ST. _____ ZIP _____

BIRTHDATE _____ PLACE OF BIRTH _____ SS# _____

MOTHER/GUARDIAN'S NAME _____

HOME PHONE (____) _____ WORK PHONE (____) _____

MOTHER/GUARDIAN'S OCCUPATION _____ EMPLOYER _____

CELLULAR/ OTHER (____) _____

EMAIL _____

FATHER/GUARDIAN'S NAME _____

HOME PHONE (____) _____ WORK PHONE (____) _____

FATHER/GUARDIAN'S OCCUPATION _____ EMPLOYER _____

CELLULAR / OTHER (____) _____

EMAIL _____

STUDENT LIVES WITH _____ RELATIONSHIP _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____

FAX# _____

_____ WILL BE RESPONSIBLE FOR

PAYING TUITION FOR THIS STUDENT.

BILLING ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____

BILLING PHONE NUMBER (____) _____

(over)

LIST OTHER CHILDREN IN THE FAMILY:

AGE:

FOREIGN STUDENTS ONLY

I - 20 GUARDIAN'S NAME _____

I - 20 GUARDIAN'S ADDRESS _____

HOME PHONE _____ WORK PHONE _____

GUARDIAN'S OCCUPATION _____ EMPLOYER _____

CELLULAR / OTHER _____