

MEMORIAL HALL SCHOOL

2020 - 2021 RE - ENROLLMENT FORM

DATE _____ GRADE _____ AGE _____ GENDER _____

STUDENT NAME _____

LAST

FIRST

MIDDLE

STUDENT'S EMAIL ADDRESS _____

CURRENT ADDRESS _____ CITY/ST. _____ ZIP _____

BIRTHDATE _____ PLACE OF BIRTH _____

PASSPORT #

MOTHER/NAME _____

MOTHER'S EMAIL _____ CELL PHONE _____

FATHER/NAME _____

EMAIL _____ CELL PHONE: _____

STUDENT LIVES WITH _____ RELATIONSHIP _____

GUARDIAN'S NAME: _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ CELL PHONE _____

EMAIL _____ CELL PHONE CARRIER _____

_____ WILL BE RESPONSIBLE FOR PAYING TUITION

NAME OF PERSON

FOR THIS STUDENT.

BILLING ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____

BILLING PHONE NUMBER _() _____ EMAIL _____

LIST OTHER CHILDREN IN THE FAMILY:

AGE:

FOREIGN STUDENTS ONLY

I - 20 GUARDIAN'S NAME _____

GUARDIAN'S EMAIL _____

I - 20 GUARDIAN'S ADDRESS _____

HOME PHONE _____ WORK PHONE _____

CELLULAR / CARRIER (_____) _____ CARRIER _____

GUARDIAN'S OCCUPATION _____ EMPLOYER _____