

MEMORIAL HALL SCHOOL

2020 - 2021 RE-ENROLLMENT FORM:

DATE: _____ SEMESTER/YEAR: _____ GRADE: _____

STUDENT NAME _____
LAST FIRST MIDDLE

NICKNAME: _____ AGE: _____ GENDER: M _____ F _____

BIRTH DATE: _____ (MM/DD/YYYY) EMAIL: _____ CELL PHONE: _____

PARENTS INFORMATION

MOTHER'S NAME: _____
LAST FIRST MIDDLE

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

MOTHER'S OCCUPATION _____ EMAIL: _____

FATHER'S NAME: _____
LAST FIRST MIDDLE

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

FATHER'S OCCUPATION _____ EMAIL: _____

GUARDIAN INFORMATION

NAME OF PERSON STUDENT LIVES WITH: _____
(IF NOT A PARENT-GUARDIAN NAME) LAST FIRST MIDDLE

RELATIONSHIP TO STUDENT: _____ .EMAIL _____
(i.e. grandparent, cousin, aunt, uncle, family friend)

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

CELL PHONE: (____) _____ CARRIER: _____ (EX. AT&T/VERIZON)

ADDRESS _____

CITY _____ STATE/ZIP _____

Tuition Information

PERSON RESPONSIBLE FOR TUITION: _____ PHONE: _____

ADDRESS: _____ CITY/PROVINCE _____

POSTAL CODE: _____ COUNTRY: _____ EMAIL: _____

Office use only:

Student ID# _____

Student Nickname: _____

Homeroom Teacher: _____