

# MEMORIAL HALL SCHOOL

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## 2020 - 2021 ENROLLMENT FORM

STUDENT ID# \_\_\_\_\_

DATE \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_ GENDER M F

**STUDENT NAME** \_\_\_\_\_ **NICKNAME** \_\_\_\_\_  
LAST FIRST MIDDLE

STUDENT'S EMAIL ADDRESS \_\_\_\_\_

STUDENT'S CELL PHONE \_\_\_\_\_ CARRIER \_\_\_\_\_  
(EX: ATT, SPRINT, T-MOBILE)

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. (EX: AUNT, UNCLE, GRANDPARENTS, GUARDIAN) \_\_\_\_\_

**GUARDIAN'S NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ CELL PHONE CARRIER \_\_\_\_\_  
(EX: ATT, SPRINT, T-MOBILE)

**NAME OF PERSON WILL BE RESPONSIBLE FOR PAYING TUITION 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 \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ HOME PHONE / WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ CARRIER \_\_\_\_\_

(EX: ATT, SPRINT, T-MOBILE)

GUARDIAN'S OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_