

# 2017-2018 Nativity School of Religion RETURNING FAMILY 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 # \_\_\_\_\_

1<sup>st</sup> email \_\_\_\_\_ Mother's Name \_\_\_\_\_

2<sup>nd</sup> 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	2017-2018 School Grade	2017-2018 School of Religion Grade (For Office Use ONLY)	Completed
_____	_____	_____	_____	<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 \_\_\_\_\_