



Returning Elementary Student Registration (1st-5th)

This form is for students who attended our elementary school (K-4th) last year and are returning for the next academic year. Please return this form along with your \$300 registration fee.

Student Name _____ Student DOB _____

Registering for Grade (CIRCLE): First Second Third Fourth Fifth
Draft Registration Fee? (CIRCLE) Yes No

Has your contact information (address, phone number, email) changed since last school year? (CIRCLE) Yes No

If yes, please update your contact information on the back of this form.

Child's Allergies: _____

Health concerns: _____

What are two goals you have for your student this year?

Are there any stressors or important events in the life of your student that we should be mindful of?

Are there any concerns you have for your student as we enter a new school year?

Contact Information:

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Best Phone: _____ Best Phone: _____

Email: _____ Email: _____

Please send all school information to (CIRCLE): Mom Dad Both

Parents are (CIRCLE): Married Divorced Separated