

New Student Registration Form - Page 2

Student Name _____

FAMILY INFORMATION:

Mother's Name _____ Phone _____
Last First Middle

Address _____
(If different from Student)

Church Membership _____ Email _____
(Used for school communication)

Employer _____ Work Phone _____

Occupation _____ Cell Phone _____

Other/Guardian's Name _____ Phone _____
Last First Middle

Address _____
(If different from Student)

Church Membership _____ Email _____
(Used for school communication)

Employer _____ Work Phone _____

Occupation _____ Cell Phone _____

Family Doctor _____ Phone _____

Emergency Contacts in case parents are not available:

1. Name _____ Home Phone _____

Relationship to Student _____ Cell Phone _____

2. Name _____ Home Phone _____

Relationship to Student _____ Cell Phone _____

I/We abide by the school's policies and regulations, and as parent/guardian or responsible party, agree to pay all tuition/fees due for the attendance of this student at Metro-East Lutheran High School. If any collection activity is necessary to collect any unpaid tuition and fees, litigation expenses and legal fees will also be collectible.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____