

SWALLOW SCHOOL REGISTRATION FORM

_____ **Grade for 20** _____ **School Year** _____ **Today's Date** _____

Actual Starting Date _____

Student's Full Name _____
Last First Middle

Student's Home Address _____

Phone _____ Date of Birth ____/____/____ Gender _____

Race (please "x" one): Caucasian Black Asian/Pacific Islander
 Hispanic American Indian/Alaskan Native

Parent's Email Address _____

Previous Address _____

Name of Previous School _____ Last Grade Completed _____

Address/City/St/Zip _____ Phone/Fax _____

PRIMARY LEGAL GUARDIAN(S) – with whom the child PRIMARILY lives

Last Name _____ First _____ Spouse's Last Name _____ First _____

Relationship to Child _____ Relationship to Child _____

Address _____ Employer _____

Home Ph _____ Work Ph _____

Employer _____ Cell Ph _____

Work Ph _____ / Cell Ph _____

OTHER LEGAL GUARDIAN(S) – only with whom the child also lives

Last Name _____ First _____ Spouse's Last Name _____ First _____

Relationship to Child _____ Relationship to Child _____

Address _____ Employer _____

Home Ph _____ Work Ph _____

Employer _____ Cell Ph _____

Work Ph _____ / Cell Ph _____

For Office Use Only:

Resident Open Enrollment Tuition (building/moving) Tuition Waiver
Date in home _____