

School:

Student Information — Grade:

Name: _____
 Street: _____
 City: _____ Zip: _____
 Home Phone: _____
 Parish: _____
 Township: _____
 Gender: _____ Birthdate: _____

Ethnic Background

If NOT PCS, which public school would child attend? _____ Amer. Indian Black Amer.
 Does child have a health condition: **Yes** **No** Hispanic Asian/Pacific Islander
 Bee Sting Allergy ADD ADHD Asthma White Other
 Seizure Diabetes Food Allergies _____
 Other: _____

Guardian/Parent Responsible for tuition, fees, and other charges incurred for services rendered? **YES /NO**

Name: _____
 **Email: _____
 Employer: _____ Work Phone: _____
 Occupation: _____
 Cell Phone: _____
 Please circle: marital status: Single Married Widow
 Divorced * Separated *
 *If parents do not live together, is there a custody agreement? Yes/No

Address: Please complete only if different than above

Street _____
 City _____ State ____ Zip _____

Guardian/Parent Responsible for tuition, fees, and other charges incurred for services rendered? **YES /NO**

Name: _____
 **Email: _____
 Employer: _____ Work Phone: _____
 Occupation: _____
 Cell Phone: _____
 Please circle: marital status: Single Married Widow
 Divorced * Separated *
 *If parents do not live together, is there a custody agreement? Yes/No

Address: Please complete only if different than above

Street _____
 City _____ State ____ Zip _____

Responsible local persons other than yourself to call in case of illness or accident if you cannot be reached:

Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____

In an emergency or in the event that persons named on this form cannot be reached, I give the school officials permission to take whatever action is deemed necessary in their judgment for the health of my child, and I will not hold PCS responsible for the emergency care and/or transportation of my child. I understand that information on this form will be shared with school personnel to protect the life and safety of my child.

*I will provide to the school, as a condition of enrollment, that portion of any court decree or judgment that assigns custody, payment information, and other information pertinent to guardianship and school enrollment. ** I will allow PCS to forward correspondence to this email address and/or mailing address.

I accept the responsibility for prompt payment of tuition, fees, and other charges that are incurred for services rendered. My signature indicates that all information provided is correct and I understand that **registration cannot be accepted without my signature**.

When you pay by check you authorize us to process your payment electronically. Funds may be withdrawn from your account as soon as the same day we receive your payment. You will not receive your check back from your financial institution; however, the transaction will appear on your bank statement.

Parent/Guardian Signature(s)* ** _____ Date: _____

Office Use Only: Reg. Fee Included - Amt. _____ Cash or Check # : _____ Date _____ Other: _____