



ARLINGTON BAPTIST HOME SCHOOL - STUDENT REGISTRATION SHEET 11/12

New Student/New Family Returning Student Ethnic Email
 New Student/Existing Family Gender Student Social Security Number

Student First Name Middle Last Grade Entering

Address Home Phone ()

City County State Zip Birthday

With whom does the child reside? Father & Mother Father Mother Other Church Affiliation

Father Salutation First Name Middle Last Name

Employer Occupation Work Phone ()

Mother Salutation First Name Middle Last Name

Employer Occupation Work Phone ()

Additional Phones () (C) (2) (P) () (C) (2) (P) (C) cell; (2) 2nd work phone; (P) pager

Emergency Numbers Name Relationship Phone (H)(W) ()

Father's Signature

Mother's Signature

Parent's signature above indicates the parent is supportive of home schooling for this school year.

Parent I.D.:	<input type="text"/>	Student I.D.:	<input type="text"/>	FOR OFFICE USE ONLY
School Number:	<input type="text"/>			
Date Paid:	<input type="text"/>			
Amount:	<input type="text"/>	Document:	<input type="text"/>	