



STUDENT REGISTRATION FORM

20____ - 20____

Grade _____

STUDENT'S INFORMATION

Full Name (First, Middle, Last) _____

Name Called _____

Home Address _____

City, Zip _____

Student Email _____

Home # () _____

City/County of Residence _____ DOB / / _____

Student Cell # () _____

School Prior to TNCS _____

Male Female

PARENT/GUARDIAN 1's INFORMATION

Full Name _____

Name Called _____

Home Address same as student _____ Zip _____

Home # () _____

Email _____

Cell # () _____

Employer _____

Title _____

Work Address _____ Zip _____

Work # () _____

STEP-PARENT INFO

n/a

Full Name _____

Name Called _____

Email _____

Cell # () _____

Employer _____

Title _____

Work Address _____ Zip _____

Work # () _____

PARENT/GUARDIAN 2's INFORMATION

Full Name _____

Name Called _____

Home Address same as student _____ Zip _____

Home # () _____

Email _____

Cell # () _____

Employer _____

Title _____

Work Address _____ Zip _____

Work # () _____

STEP-PARENT INFO

n/a

Full Name _____

Name Called _____

Email _____

Cell # () _____

Employer _____

Title _____

Work Address _____ Zip _____

Work # () _____

PARENT'S INFORMATION

Custody: Both Parents Parent 1 Parent 2 Joint Other: _____

Marital Status: Married Divorced Separated Widowed

ADDITIONAL CONTACT INFORMATION

List individuals other than parents to call in the event of an emergency

Name	Relationship	Home #	Cell #
1. _____	_____	() _____	() _____
2. _____	_____	() _____	() _____
3. _____	_____	() _____	() _____

GRANDPARENTS' INFORMATION

PARENT 1'S LIVING PARENTS	1. Name(s) _____	Home # () _____
	Home Address _____	Zip _____
	Email(s) _____	Cell # () _____
		Cell # () _____
	2. Name(s) _____	Home # () _____
	Home Address _____	Zip _____
	Cell # () _____	
	Email(s) _____	Cell # () _____

PARENT 2'S LIVING PARENTS	1. Name(s) _____	Home # () _____
	Home Address _____	Zip _____
	Email(s) _____	Cell # () _____
		Cell # () _____
	2. Name(s) _____	Home # () _____
	Home Address _____	Zip _____
	Cell # () _____	
	Email(s) _____	Cell # () _____

BILLING & REPORTING INFORMATION

To whom should tuition and other charges be billed?

- Parent 1 Parent 2 Other *please provide name & address below*

Name _____

Address _____ Zip _____