

# Bethann Anderson's Classes 2018-2019

Student Name: \_\_\_\_\_ Class \_\_\_\_\_

Grade Level: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Student E-mail: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Special Needs or Medical Conditions: (specify)

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Father Name: \_\_\_\_\_ Mother Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Cell #: \_\_\_\_\_ Father's Work #: \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_ Mother's Work #: \_\_\_\_\_

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Supply Fee Paid by: ( )Cash ( )Check # ( )CC ( )PayPal

Monthly Fee Paid by: ( )Cash ( )Check # ( )CC ( )PayPal

Date: \_\_\_\_\_ Registrar \_\_\_\_\_