



7577 Central Park Boulevard
Suite # 107, Mason, OH
USA 45040

Ph: 513-939-9033
513-405-6364

REGISTRATION FORM

Office Use Only:

Entry Date: _____ Student ID # _____

STUDENT INFORMATION

Student's Legal Name _____
Last First Middle
Student's Preferred Name _____
(if different from above) Last First Middle
Street Address: _____ City: _____ Zip Code: _____
Birthdate: ____/____/____ AGE as of Sept 1: ____ GRADE: ____ Sex: o Male o Female
Year Month Day
Skill building SAT Now
Student's e-mail address: _____

SPECIAL NEEDS: (Please specify if your child needs any special accommodations)

PARENTS AND/OR GUARDIANS

Father's Name: _____
Mailing Address (if different): _____
Phone #: _____ Father's e-mail address: _____
Mother's Name: _____
Mailing Address (if different): _____
Phone #: _____ Mother's e-mail address: _____

SIGNATURE REQUIRED: I hereby declare that I have read and understood the information contained on this form and the information I have provided is correct.
Date: _____ Parent's Signature _____