



**PRIVATE SCHOOL SATELLITE PROGRAM**  
**RETURNING MEMBER REGISTRATION**

Academic School Year \_\_\_\_\_

Parents \_\_\_\_\_

Last                                  Father                                  Mother

Address \_\_\_\_\_

Street                                  City                                  Zip

Phone \_\_\_\_\_

Home                                  Cell

Email \_\_\_\_\_ Fax# \_\_\_\_\_

Dedicated Line?          Y or N

Father's Occupation \_\_\_\_\_ Work # \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Work # \_\_\_\_\_  
 (If outside the home)

My HSLDA membership # is: \_\_\_\_\_ Effective through date: \_\_\_\_\_

**Children's Information**

List all children in family. If a school age child is not enrolling in ROA, please explain or list school.

<u>Name</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Age</u>	<u>Grade</u>	<u>Enrolling in ROA?</u>
_____	M / F	_____	_____	_____	_____
_____	M / F	_____	_____	_____	_____
_____	M / F	_____	_____	_____	_____
_____	M / F	_____	_____	_____	_____
_____	M / F	_____	_____	_____	_____

By signing below we are requesting re-enrollment of our child(ren), as named on this *Private School Satellite Program Returning Member Registration*, in Royal Oaks Academy's Private School Satellite Program. We understand that the payment of tuition and the *Private School Satellite Program Contract* are required when submitting this application. **We also understand that enrollment is based on our current and continued membership in HSLDA.** We declare all the above information to be true.

Father's or guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's or guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

This document was created with Win2PDF available at <http://www.win2pdf.com>.  
The unregistered version of Win2PDF is for evaluation or non-commercial use only.  
This page will not be added after purchasing Win2PDF.