



ON-SITE PRIVATE SCHOOL PROGRAM
RETURNING MEMBER REGISTRATION

Academic School Year _____

Parents _____
 Last Father Mother

Address _____
 Street City Zip

Phone _____
 Home Father's Cell Mother's 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>	<u># of Days Per Week</u>
_____	M / F	_____	_____	_____	_____	_____
_____	M / F	_____	_____	_____	_____	_____
_____	M / F	_____	_____	_____	_____	_____
_____	M / F	_____	_____	_____	_____	_____

By signing below I am requesting re-enrollment of my child(ren), as named on this *On-Site Private School Program Returning Member Registration*, in Royal Oaks Academy's On Site Private School Program. I understand that the payment of tuition and the *On Site Private School Program Contract* are required when submitting this application. **I also understand that if I am participating as a parent/teacher, responsible for some of the days of schooling, then enrollment is also based on my current and continued membership in HSLDA.** I declare all the above information to be true.

Father's or guardian's signature _____ Date _____

Mother's or guardian's signature _____ Date _____

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