

SHINING STARR LEARNING ACADEMY STUDENT REGISTRATION

Date Enrolled	City and State of Birth	Country of Birth	Starting Grade
Student's First Name	Student's Last Name	Middle Name	Date of Birth
Street Address	City, State, Zip	Who student lives with	Gender
Name of last school attended	City, State	Social Security #	Race

Mother's First Name	Mother's Last Name	Employer	Date of Birth
Street Address		City, State	Zip code
Cell Number	Work Number	Email Address	

Father's First Name	Father's Last Name	Employer	Date of Birth
Street Address		City, State	Zip code
Cell Number	Work Number	Email Address	

Stepparent's First Name	Stepparent's Last Name	Employer	Date of Birth
Street Address		City, State	Zip code
Cell Number	Work Number	Email Address	

Sibling's First Name	Sibling's Last Name	Gender	Grade	Age

My signature below certifies that all the information on this registration form is true to the best of my knowledge.

Print Parent/Guardian Name

Parent/Guardian Signature

Date Signed