

Name of approved individuals to pick up child: *

List of allergies, illnesses or medications *

We assist students with learning disabilities as well as help the child improve in learning areas that are lacking. Do you require this type of assistance? If so, what type of assistance is needed? *

Please let us know which of our extended services are needed. *

Tutoring

After School Care

Before School Care

Virtual School Assistance

Grade Level Assistance

Transportation Services

Guardian Information

Name *

First Name

Last Name

Name *

First Name Last Name

Email *

example@example.com

Phone Number *

Area Code Phone Number

Phone Number *

Area Code Phone Number

If Address is same as above, please click that option below. If not, please fill out address fields: *

Same as above

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Extended Services Program

Students Names (First & Last - field is for extra children)

Please let us know how payment will be made *

Cashier's check/money order (please make payment out to Rising Stars Private School)

Paypal/Cashapp/Venmo (risingstars1120@gmail.com/Rising Stars Private School/Rising Stars Private School)

Debit/Credit Card (can be made through website <https://risingstarsprivateschool.us/parents-portal>)

Cash (will be given or e-mailed receipt)