



Date Received: _____
Received by Who: _____

STUDENT REGISTRATION FORM

_____/_____
School Year

PLEASE PRINT

Parent Name _____
Last First MI

Address _____

City _____ Zip Code _____ Home Phone (_____) _____

Cell Phone (____) _____

How did you hear about STRIDE Academy: _____

Student #1 _____
Last First MI

Student is Applying for grade: ___ Kindergarten ___ 1st Grade ___ 2nd Grade ___ 3rd Grade ___ 4th Grade
___ 5th Grade ___ 6th Grade ___ 7th Grade ___ 8th Grade

Student #2 _____
Last First MI

Student is Applying for grade: ___ Kindergarten ___ 1st Grade ___ 2nd Grade ___ 3rd Grade ___ 4th Grade
___ 5th Grade ___ 6th Grade ___ 7th Grade ___ 8th Grade

Student #3 _____
Last First MI

Student is Applying for grade: ___ Kindergarten ___ 1st Grade ___ 2nd Grade ___ 3rd Grade ___ 4th Grade
___ 5th Grade ___ 6th Grade ___ 7th Grade ___ 8th Grade

