

Mt. Sophia Academy
Diploma Program Registration Form **2017-18**

Please write legibly.

Father's Information	Mother's Information
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Cell Phone: (_____) _____	Cell Phone: (_____) _____
E-mail: _____	E-mail: _____
Work Phone: (_____) _____ X _____	Work Phone: (_____) _____ X _____
<i>Circle one:</i> Custody*: both parents father mother other _____	
<i>Circle one:</i> Diploma Program Only Classes Only Both (diploma program & classes)	
Home Phone: (_____) _____	
Mailing Address: _____ _____	

Start date of transfer student: _____

Delaware students: School District: _____

First year homeschooling? _____ yes or _____ no

_____ *I agree to attend the required meetings (student is required to attend the set-up and final appointment), meet educational requirements, meet testing requirements, check and answer school/teacher emails, and pay the tuition.*

_____ *I have received the Parent/Student Handbook and will abide by the policies therein.*

Parent's name, Printed: _____

Signature: _____

Date: _____

Do you give permission to photograph your student for yearbook & school informational materials?

yes no (*circle one*) **Initial:** _____

Please fill out the information on the following page(s). List all students in the family and indicate whether they are part of Mount Sophia.

Please list the information of **ALL** students in your family for all grades and indicate their status with Mt. Sophia this year. **Bolded information is mandatory.**

First Name Middle Name **Last Name** Preferred Name

School: *(Please check one)* Mt. Sophia Academy High School Program
 Mt. Sophia Academy Sibling Program
 Matriculated 8th Grader
 Other

Grade Level (2017-2018): _____ Gender: male female Birthdate: _____

Student's E-mail: _____ Student's Cell Phone: _____

Special Notes (*allergies...*):

First Name Middle Name **Last Name** Preferred Name

School: *(Please check one)* Mt. Sophia Academy High School Program
 Mt. Sophia Academy Sibling Program
 Matriculated 8th Grader
 Other

Grade Level (2017-2018): _____ Gender: male female Birthdate: _____

Student's E-mail: _____ Student's Cell Phone: _____

Special Notes (*allergies...*):

First Name Middle Name **Last Name** Preferred Name

School: *(Please check one)* Mt. Sophia Academy High School Program
 Mt. Sophia Academy Sibling Program
 Matriculated 8th Grader
 Other

Grade Level (2017-2018): _____ Gender: male female Birthdate: _____

Student's E-mail: _____ Student's Cell Phone: _____

Special Notes (*allergies...*):