



FRIENDSHIP SCHOOL
REGISTRATION FORM
2017-2018

DATE _____

CHILD'S NAME _____ GENDER: M or F

ADDRESS _____

CITY _____ ZIP _____

PARENTS' NAMES _____

EMAIL ADDRESS _____

PHONE _____

AGE ON SEPT 1st, 2017 _____

DATE OF BIRTH _____

Office Use Only	Amount	Date	Check#	Cash
Registration Fee:	_____	_____	_____	_____
