

Pmt \_\_\_\_\_



14510 Spriggs Road  
Woodbridge, VA 22193  
703.680.6629  
www.hcspatriots.com

# Student Registration Form

Please complete this form, *front and back*, in its entirety.

**NOTE:** STUDENT ONE should be the oldest child, continuing to the youngest.

STUDENT ONE

NEW ENROLLMENT
 RETURNING STUDENT
 MALE
 FEMALE

RACE / ETHNICITY

LAST NAME

FIRST NAME

MIDDLE NAME

(GOES BY)

- -

/ /

( ) -

SOCIAL SECURITY NUMBER      DATE OF BIRTH (MM/DD/YYYY)      PRIMARY PHONE      GRADE ENTERING

STREET ADDRESS

CITY

STATE

ZIP CODE

PARENTS' FIRST AND LAST NAMES

CHURCH NAME

STUDENT TWO

NEW ENROLLMENT
 RETURNING STUDENT
 MALE
 FEMALE

RACE / ETHNICITY

LAST NAME

FIRST NAME

MIDDLE NAME

NICKNAME

- -

/ /

( ) -

SOCIAL SECURITY NUMBER      DATE OF BIRTH (MM/DD/YYYY)      PRIMARY PHONE      GRADE ENTERING

STREET ADDRESS (IF DIFFERENT FROM ABOVE)

CITY

STATE

ZIP CODE

PARENTS' FIRST AND LAST NAMES

CHURCH NAME

STUDENT THREE

NEW ENROLLMENT
 RETURNING STUDENT
 MALE
 FEMALE

RACE / ETHNICITY

LAST NAME

FIRST NAME

MIDDLE NAME

NICKNAME

- -

/ /

( ) -

SOCIAL SECURITY NUMBER      DATE OF BIRTH (MM/DD/YYYY)      PRIMARY PHONE      GRADE ENTERING

STREET ADDRESS (IF DIFFERENT FROM ABOVE)

CITY

STATE

ZIP CODE

PARENTS' FIRST AND LAST NAMES

CHURCH NAME

PLEASE COMPLETE THE BACK SIDE OF THIS FORM

PARENT ONE

Biological FATHER  Biological MOTHER  OTHER \_\_\_\_\_  
PLEASE SPECIFY RELATIONSHIP  
Marital Status:  Married  Divorced  Deceased  Never married  
Student lives with:  Both Parents  Father  Mother  Step-parent  Guardian

\_\_\_\_\_  
TITLE (Mr., Mrs., Etc.) LAST NAME FIRST NAME MIDDLE INITIAL

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

\_\_\_\_\_  
MAILING ADDRESS (if different) CITY STATE ZIP CODE

( ) - ( ) - ( ) -  
PRIMARY PHONE CELL PHONE (if different) WORK PHONE EXT.

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
EMPLOYER OCCUPATION

\_\_\_\_\_  
EMPLOYER ADDRESS CITY STATE ZIP CODE

PARENT TWO

Biological FATHER  Biological MOTHER  OTHER \_\_\_\_\_  
PLEASE SPECIFY RELATIONSHIP

\_\_\_\_\_  
TITLE (Mr., Mrs., Etc.) LAST NAME FIRST NAME MIDDLE INITIAL

\_\_\_\_\_  
STREET ADDRESS (if different from Parent 1) CITY STATE ZIP CODE

\_\_\_\_\_  
MAILING ADDRESS (if different from Parent 1) CITY STATE ZIP CODE

( ) - ( ) - ( ) -  
PRIMARY PHONE CELL PHONE (if different) WORK PHONE EXT.

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
EMPLOYER OCCUPATION

\_\_\_\_\_  
EMPLOYER ADDRESS CITY STATE ZIP CODE

FINANCIAL

PLEASE INDICATE WHO IS FINANCIALLY RESPONSIBLE:

FATHER  MOTHER  OTHER \_\_\_\_\_  
PLEASE SPECIFY RELATIONSHIP AND COMPLETE BELOW

\_\_\_\_\_  
TITLE (Mr., Mrs., Etc.) LAST NAME FIRST NAME MIDDLE INITIAL

\_\_\_\_\_  
MAILING ADDRESS CITY STATE ZIP CODE

( ) - ( ) -  
PRIMARY PHONE CELL PHONE (if different) EMAIL ADDRESS