

Cherryvale Diploma Center
2016-2017 Registration Form

Student Name: _____

Address: Street _____ Apt. _____

City _____ State: _____ Zip Code: _____

(Under 18 years) **Mother/Guardian Name:** _____

(Under 18 years) **Father/Guardian Name:** _____

To whom will information about the student be released (if joint custody please list both custodial parents):

Home Phone: _____ **Cell Phone** _____

Work Phone: _____ **Cell Phone #2:** _____

E-mail Address _____

SSN: _____ - _____ - _____ Date of Birth: _____ Age: _____

Gender: _____ Male _____ Female Place of Birth: _____

Is the individual Hispanic/Latino? **Yes or No (Please Circle)**

Is the individual from one or more of these races? **(check all that apply)**

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

****Do You Currently Have**

****GED No Yes**

****HIGH SCHOOL DIPLOMA No Yes**

****GRADUATION YEAR: _____ (YEAR YOU SHOULD GRADUATE/YEAR YOU SHOULD HAVE GRADUATED)**

Non-refundable Registration Fee: \$10 Adult/\$250 High School Student

Cash or Check # _____ or Money Order

Date Paid: _____ Staff Initials: _____

By signing this registration form, the student is verifying that all the above information is accurate and is authorizing the Center to investigate any discrepancies deemed necessary.

Student's signature: _____

(If student is under 18), Parent's signature: _____

Date: _____

USD #447 District Action

_____ Approved _____ Disapproved

Administrator/Date