



## REGISTRATION FORM

110 S. Gay Street | Susanville, CA 96130 | 530.310.1909

### Student Info.

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_  
Email \_\_\_\_\_

### Parent/Payee Info.

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

### Class Info.

Class 1 \_\_\_\_\_  
Class 2 \_\_\_\_\_  
Class 3 \_\_\_\_\_  
Class 4 \_\_\_\_\_

Total Tuition \$ \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date