

What Language is predominantly spoken in the home? _____

Circle the foreign language your daughter has previously studied:

Spanish French Latin None Number of years studied _____

Circle the language your daughter would like to study at Marylawn of the Oranges

Spanish French

Church _____ City _____ Pastor _____

Current School _____ City/Town _____

Does the student have a chronic illness? _____ if yes, Specify _____

Allergies _____

Has this student ever been classified by a child study team? _____

If yes, please specify _____ (Please send report to Principal)

Has this student ever received Compensatory/Supplemental Education? _____

Person responsible for financial obligations? _____

Relationship to Student _____

Daytime Phone Number (____) ____ - _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Do you have any relatives who attend/have attended Marylawn of the Oranges Academy?

Name	Relationship to Student	Year of Graduation
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Parent Signature

Date

Marylawn of the Oranges Academy does not discriminate on the basis of race, color, nationality, ethnicity or sexual orientation. The school and its staff reserve the right to use the student's picture in its publications or programs. Your signature indicates your intent to register your daughter for the 2010-2011 school year.