



# Peace Terrace Academy

33330 Peace Terrace ~ Fremont, CA 94555 ~ Phone: (510) 477-9946 ~ Fax: (510) 477-9963

## Continuing Students Registration Form 2008-2009

(Please submit with required fees)

Circle Grade that student will be in for the 2008-2009 school year:

Pre-K KG 1 2 3 4 5 6 7 8

### Student Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  Boy  Girl

Student lives with:  Both Parents  Father  Mother  Other (specify) \_\_\_\_\_

1st language spoken at home: \_\_\_\_\_ 2nd language: \_\_\_\_\_

### Parent Information: Place a check mark next to the number you would MOST prefer we contact you at.

**Father/Guardian-** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address (if different than student): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_  Work Phone:(\_\_\_\_) \_\_\_\_\_  Cell Phone:(\_\_\_\_) \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Mother/Guardian-** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address (if different than student's): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_  Work Phone:(\_\_\_\_) \_\_\_\_\_  Cell Phone:(\_\_\_\_) \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Siblings:

| Name | Birth Date | At Peace Terrace Academy?    |                             |
|------|------------|------------------------------|-----------------------------|
|      |            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|      |            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|      |            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**\*\*Please return this form along with the Emergency Form, signed Financial Agreement, Pick-up Authorization Form and required Fees to our office.\*\***

For Office Use Only:

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_