

# CLASS SCHEDULE FORM – Please Print

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of 9/1 \_\_\_\_\_

Was this student enrolled in Co-op this year? Yes \_\_\_\_\_ No \_\_\_\_\_

Dad's Full Name: \_\_\_\_\_

Mom's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Texas Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Mom's Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Student Email: \_\_\_\_\_ Was your family enrolled in Co-op this year? Yes \_\_\_\_\_ No \_\_\_\_\_

Fill out a separate sheet for each student. Make additional copies as needed before writing on the form

## CO-OP COMMITTEE USE ONLY

RHSA Membership Form p. 9

RHSA Reg \$175/200 Fee: Check#

Contract & Notes of Interest p. 10

Service Hours Signature p. 11

Release of Liability

p. 12

New Family Form

p. 13

Family ID #

Student ID #

## CO-OP COMMITTEE ONLY

*Note: keep a copy of this form for your records*

CLASS CODE	CLASS NAME	CLASS AGES	SUPPLY FEE	MAY TUITION DEPOSIT	DATE REGISTERED	CLASS REGISTR CK #	CLASS REGISTR CK AMT

On-campus responsible Adult: \_\_\_\_\_ Cell Phone Number or Location on Campus: \_\_\_\_\_