

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: _____ Zip: _____

Home Phone: _____ Dad’s Cell: _____

Mom’s Cell: _____ Email address: _____

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

Note: keep a copy of this form for your records

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 \$200/\$300 Fee
Check #
Contract p. 10
Notes of Interest p. 11
Service Hours Form p. 12
Release of Liability p. 13
New Family Form p. 14 (if applicable)

CO-OP COMMITTEE ONLY

Class Code	Class Name	Class Ages	Supply Fee	May Tuition Deposit	Date Registered	Class Registr ck #	Class Registr ck amount

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