



Lafayette Lower & Upper School
Registration Form

Child's Name _____

Child's Age _____ Child's Date of Birth _____

Primary Parent's Name _____

Cell/Home Phone Number _____

Home Address _____

Workplace _____

Email Address _____

Secondary Parent/Guardian Name: _____

Cell/Home Phone Number _____

Home Address _____

Workplace _____

Email Address _____

Parents are (check all that apply):

Married _____ Separated _____ Divorced _____ Widowed _____

Which parent has primary custody? _____

Emergency Contact (In State)

Name _____ Phone _____

Relationship _____

Please list any custody issues we need to be aware of: _____
