

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 #

Note: keep a copy of this form for your records

CO-OP COMMITTEE ONLY

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: _____