



Registration Form 2015/2016

West Sayville Christian School

Family Info		Head of Household			Spouse	
Last Name						
First Name						
Middle Name						
Home Phone						
Work Phone						
Cell Phone						
Email						
Address 1						
Address 2						
City, State Zip						
Church Affiliation						
School District					Reg Fee: \$	Rec:
Referring Family:					Confirmation:	
Payment Plan		Schedule: Single before 9/1/15 <input type="checkbox"/> Quarterly <input type="checkbox"/> 10 month <input type="checkbox"/> 12 Month <input type="checkbox"/>			Method: Single Payment before 9/1/15 <input type="checkbox"/> Electronic Transfer <input type="checkbox"/> Mail-in Coupon Book <input type="checkbox"/>	
Student Registration Information and Tuition Worksheet						
K-8 Student Information						
Child	Name	Birthdate	Sex	Grade	Family Tuition K-8:	\$
1					Middle School Surcharge if required:	\$
2					Middle School Surcharge if required:	\$
3					Middle School Surcharge if required:	\$
4					Middle School Surcharge if required:	\$
5					Middle School Surcharge if required:	\$
6					Middle School Surcharge if required:	\$
Total Family Tuition:					\$	