

861 Selby Avenue
St. Paul, MN 55104



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"Choices today, results tomorrow!"

REGISTRATION 2023

SCHOLAR NAME	PARENT(S) or GUARDIAN NAME
School	
Permanent Home Address	WORK TELEPHONE
City, State, Zip	CELL PHONE
Scholar's Cell Phone <i>(if applicable)</i>	EMERGENCY NAME
Date of Birth Age	EMERGENCY CELL
Grade GPA	PARENT EMAIL
SSN or MARS # <i>(obligatory)</i>	ALTERNATIVE EMAIL

The collection of the following information is part of a good faith effort to comply with funding regulations. Please indicate which is most accurate for the student: ___ African American, ___ American Indian, ___ Asian Pacific Islander, ___ Hispanic/Latino, ___ Caucasian, ___ Multi-racial (specify) _____ Other _____ (specify).

MEDIA RELEASE: I hereby give permission to D.I.V.I.N.E. Institute to use and reuse photos, video footage, news footage and other media information of myself, my son, and/or my daughter.

_____ Parent or Guardian/Adult
(Signature)

Circle tee-shirt size: Small Medium Large X-Large 2X 3X

Do you have a public library card? _____ Yes _____ No

How would you rate your behavior? 1 through 5 *(5 = excellent)*

List any medications the scholar takes: _____

TOTAL TUITION	\$ _____
FIELD TRIPS	\$ _____
ADDITIONAL CONTRIBUTION	\$ _____
TOTAL DUE	\$ _____

Signer understands, accepts and agrees to the registration and complete financial responsibility for all charges and fees incurred.

Parent or guardian signature (printed name suffices for electronic submission)

Date