

838 Stellar Place
St. Paul, MN 55117-5446



651-447-5120 Office
651-409-9530 Facsimile
info@divineinstitute.org

"Choices today, results tomorrow!"

REGISTRATION 2020

SCHOLAR NAME	PARENT(S) NAME
SCHOOL	PARENT EMAIL
HOME ADDRESS	COMPANY NAME
CITY, STATE & ZIP	COMPANY ADDRESS
SCHOLAR CELL PHONE	WORK TELEPHONE
DATE OF BIRTH AGE	CELL PHONE
GRADE GPA	EMERGENCY NAME
SSN or MARS # (obligatory)	EMERGENCY CELL

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

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

How would you rate your behavior? **1** **2** **3** **4** **5** (*5 = excellent*)

List any medications the scholars take: _____

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