

07/09



New Samaritan High School
1455 S. Stapley Dr., Suite 20
Mesa, Arizona 85204
Phone: 480-833-7470
Fax: 480-833-7480



Helping Young People Connect With Their Purpose

REGISTRATION FORM

STUDENT INFORMATION

Student Name (Last, First, Middle Initial): _____
Date of Birth: ____/____/____ Social Security Number: ____-____-____
Last School Attended: _____ City, State: _____
Last Date Attended: ____/____/____ Current Grade or Total Credits Earned: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name(s): _____
Street Address: _____ Apartment/Unit #: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Other Phone: _____
Email: _____ Email: _____

We will contact parents for attendance, academic, and behavioral reasons. Which contact listed above should be our primary way of contact: _____

For state records, please provide the following information:

Birth Mother's Full Name: _____

OTHER INFORMATION

How did you hear about our school? _____

Do you give permission for your child to be photographed, videotaped, and/or audio taped for the use of photographs and recordings? YES NO

Student Signature: _____ Date: ____/____/____

Parent Signature: _____ Date: ____/____/____