

# B C EDUCATION CENTER

## REGISTRATION FORM

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ School: \_\_\_\_\_  
City, Zip Code: \_\_\_\_\_ Grade: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ Student Email: \_\_\_\_\_  
Phone (Cell): \_\_\_\_\_ Guardian Email: \_\_\_\_\_  
Phone (Work): \_\_\_\_\_ Guardian Name: \_\_\_\_\_  
Date: \_\_\_\_\_ Guardian Signature: \_\_\_\_\_  
Referred by: \_\_\_\_\_

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For office use only

Starting Date: \_\_\_\_\_ Center: \_\_\_\_\_

Math Student Number	English Student Number
Math Level/Chapter	English Level/Chapter
Jacket	Jacket
Schedule	Schedule
Master Record	Master Record
Test-Score	Test-Score
Registration fee: \$	Tuition fee: \$
Initial	