



REGISTRATION FORM • 2008-2009

A FORM MUST BE COMPLETED FOR EACH STUDENT AND RETURNED NO LATER THAN APRIL 4, 2008,
VIA E-MAIL, finances@mcacubs.org, FAXED to (504) 288-7629 OR IN PERSON TO THE SCHOOL OFFICE.

STUDENT'S NAME _____ YEAR OF GRADUATION _____

TELEPHONE: (HOME) _____ (CELL) _____ E-MAIL _____

ADDRESS _____

CITY/STATE _____ ZIP+4 _____

FATHER'S NAME (OR GUARDIAN) _____

TELEPHONE: (HOME) _____ (CELL) _____ E-MAIL _____

ADDRESS (if different) _____

CITY/STATE _____ ZIP+4 _____

MOTHER'S NAME (OR GUARDIAN) _____

TELEPHONE: (HOME) _____ (CELL) _____ E-MAIL _____

ADDRESS (if different) _____

CITY/STATE _____ ZIP+4 _____

REGISTRATION FORM SUBMITTED BY _____