



Spring Branch Independent School District  
Registration Application  
Half Day

Child's name as it appears on birth certificate:

\_\_\_\_\_

(Last) (First) (Middle)

Birth date: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Home language: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Neighborhood elementary school: \_\_\_\_\_

Name of sibling(s) enrolled at neighborhood school: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

**\$50 Non-refundable Registration Enclosed**

Make checks payable to Spring Branch ISD and enclose with this application and Parent/District Agreement located on the back of this form.

**Annual Tuition: \$3000**

**Monthly Tuition: \$333.33 – September – May**

\_\_\_\_\_  
Parent Signature

**Office Use Only**

Date Received: \_\_\_\_\_

Payment: \_\_\_\_\_

Please attach a copy of Registration Application and Payment Agreement form with first tuition payment when forwarding to Finance Department.