



Columbus Independent School District
Registration Application
Full Day

Child's name that appears on birth certificate:

(Last) (First) (Middle)

Birth Date: Male: Female:

Home language:

Home Address:

City: Zip Code:

Name of sibling(s) enrolled in CISD: NAME GRADE

Parent/Guardian Name:

Cell Phone: Work Phone: Home Phone:

Parent/Guardian Name:

Cell Phone: Work Phone: Home Phone:

Bus Transportation:

A.M. Pick-up Location: Contact Name & Ph #:

P.M. Drop-off Location: Contact Name & Ph #:

(\*if your child does not need bus transportation, please insert "NONE" in the spaces above, DO NOT leave blank)

\$ 50 Non-Refundable Registration Fee Enclosed
Make checks payable to Columbus ISD and enclose with this application and Parent/District Agreement Form.

Annual Tuition: \$3,000.00 or
Monthly Tuition: \$300.00 (August-May, 10 installments)

Office Use Only:
Date Received:
Date copy fwd to finance:
Please attach a copy of Registration Application & Payment Agreement form with first tuition payment to Accts Payable.

Parent/Guardian Signature
Date