



# Student Financial Aid Form

OFFICE USE - Netsuite #: \_\_\_\_\_

## A PARENT, GUARDIAN or OTHER ADULT RESPONSIBLE FOR TUITION

Check one:  Father  Mother  Grandparent  Stepparent  Other Adult

\_\_\_\_\_  
Last Name First Name (\_\_\_\_\_) Phone Number  
(Area Code)

\_\_\_\_\_  
Address Apt. #

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
E-mail Address

New Parent  Reenrollment

## B STUDENT INFORMATION

Please list for all students you are seeking to enroll in the school.

	STUDENT'S FULL NAME	AGE	STUDENT'S EXPECTED GRADE IN AUGUST	MONTHLY AMOUNT YOU FEEL YOU CAN PAY TOWARD TUITION	MCKAY MATRIX # <i>(If applicable)</i>
1					
2					

## C EXPLANATION

Use this space to give details as to why you are requesting financial aid, additional information and circumstances you believe may be important or relevant.