

High School Student Registration Information

Maquire Scholar

Last Name: _____

First Name: _____

Date of Birth: _____

Gender: _____

Parent(s) / Guardian(s): _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Student Cell Number: _____

Parent/Guardian Work or Cell Number: _____

Parent/Guardian and/or Student Email Address(es): _____

Current Grade Level: _____

High School Name: Nazareth Academy High School

High School Address: 4001 Grant Avenue, Philadelphia, PA 19114

Are you a Maquire Scholar?: _____

Please indicate if you would like to take this class for Credit: _____

I would like to take the Following Class(s): _____
