Register online at

www.cypresssda.com

CYPRESS ADVENTIST SCHOOL
A Good Place to Grow

NEW STUDENT INTENT 2024-2025

_____   _____ _____ _____

Student's Last Name (Please Print) *   Student's First Name *   Date of Birth *   Grade *

_____   _____   _____ _____

Other Children (Please Print) *   Grade *   Other Children (Please Print) *   Grade *

Are you planning to register your child(ren) at Cypress Adventist School for the 2024-2025 school year? *

☐ Yes

☐ No

☐ Maybe: _____

Do you expect to apply for financial aid? *

☐ Yes

☐ No

☐ Maybe: _____

Pay your registration fee (non-refundable) early to get a discount and save your spot! *

				Amount Paid
Paid on or before March 31	$200/student	or	$300/family	_____
Paid between April 1 and May 31	$350/student	or	$525/family	_____
Paid after June 1	$500/student	or	$750/family	_____

_____   _____ _____ _____

Parent Name (Please Print) *   Parent Signature *   Date *   Amount Pd.

_____

Parent Email Address (Please Print) *