

Student Registration Form

COMPLETED BY PARENT/GUARDIAN - PLEASE PRINT

Student First Name

Student Middle Name

Student Last Name

Student Age

Student Nick Name

Student Birth Date

Name of Parent(s)/Guardian (please print)

Person Enrolling Student (please print)

Relationship to Student if Other Than Parent

Student's Physical Address

Mailing Address (if different)

Home Telephone (include area code)

Other Phone (include area code)

Parent(s)/Guardian Address Physical Address

Mailing Address (if different)

Home Telephone (include area code)

Other Phone (include area code)

Native Language of Parent/Guardian Enrolling Student

English is spoken and understood by the parent / guardian / person enrolling student (Check if YES)

Name of Last School Attended

Grade Level

Address of Last School Attended

Student Registration Form

Ethnicity (choose only one)

- White
- Black
- Hispanic
- American Indian/Alaskan
- Asian Hawaiian Native/Pacific Island

Gender

- Male
- Female

Does your child currently have an IEP?

- Yes
- No

Does your child currently have a 504 Plan?

- Yes
- No

Please specify medical issues:

- Allergies (*specify*):
- Diabetes
- Asthma
- Other (*specify*)

Does your child have medical insurance?

- Yes
- No

If yes, please provide name of Insurance Provider:

Student Birth City

Student Birth State

Student Birth Country

Student Citizenship

Student Primary Language

Student Home Language

Student Registration Form

Sibling Information					
Last Name	First Name	MI	Gender	DOB	Grade
1.			M / F		
2.			M / F		
3.			M / F		
4.			M / F		

Mother's Name:		
Lives with Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Custody:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		
Home / Mobile Phone:		
Email Address:		
Father's Name:		
Lives with Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Custody:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		
Home / Mobile Phone:		
Email Address:		

Are there custody agreements and/or issues that the school should be made aware of?

No

Yes: *Please explain (may utilize reverse side) and provide copies, if applicable:*

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Emergency Contacts

Please keep Emergency Contact information up to date by contacting the main office immediately if there is any change to contact information - this includes work numbers and emergency mobile phone numbers. Identify trusted persons who are usually available and qualified to provide care for your child. Please notify them that they are on your child's emergency list. In the event of an emergency, the school will call emergency contacts in order beginning with parents/guardians.

Emergency Contact:	
Lives with Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Custody:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	
Home / Mobile Phone:	
Email Address:	

Emergency Contact:	
Lives with Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Custody:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	
Home / Mobile Phone:	
Email Address:	

Emergency Contact:	
Lives with Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Custody:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	
Home / Mobile Phone:	
Email Address:	