

Student Registration Form

COMPLETED BY PARENT/GUARDIAN - please print

Student Name:		
Student Age / Birth Date:		
Birth City / State:		
Birth Country / Citizenship:		
Primary/Home Language:		
Name/Grade School Last Attended:		
Address of School Last Attended:		
Parent/Guardian 1 Name:		
Address:		
Lives with Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Custody:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address (if different):		
Home / Mobile Phone:		
Email Address:		
Parent/Guardian 2 Name:		
Address:		
Lives with Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Custody:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address (if different):		
Home / Mobile Phone:		
Email Address:		
Are there custody agreements and/or issues that the school should be made aware of? <input type="checkbox"/> No <input type="checkbox"/> Yes: <i>Please explain (may utilize reverse side) and provide copies, if applicable:</i>		

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Does your child currently have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child currently have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity (<i>choose only one</i>) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian Hawaiian Native/Pacific Island	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Please specify medical issues: <input type="checkbox"/> Allergies (<i>specify</i>): <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Other (<i>specify</i>)	Does your child have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide name of Insurance Provider:</i> _____

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

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Emergency Contacts (Other Than Parents/Guardians)

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:	