

New Registration

Student Information

Child's Name: _____

Date of Birth: _____ Age: _____ Sex: _____ Entering Grade _____ in August

Last Grade Completed in June: _____ at _____

Previous school attended: _____ School City or County State

Street Address: _____

City, State, Zip: _____

County of Student's Residence: _____

District of Student's Residence: _____

Is this child a Ward of the State: Y / N Mother's Last Name: _____

City in which student was born: _____

Student Lives with: Mother Father Both Parents Guardian

Person with legal custody: Mother Father Both Parents Guardian

Brothers _____ Sisters _____

Parents'/Guardian Information

Name: _____ Relationship: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Name: _____ Relationship: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Particular Health Conditions of the child to be considered

In case of Emergency Contact

- | | | | | |
|----|------|--------------|---------|-------|
| 1) | Name | Relationship | Address | Phone |
| 2) | Name | Relationship | Address | Phone |
| 3) | Name | Relationship | Address | Phone |