

REGISTRATION FORM

FULL NAME: _____

Date of Birth: _____ Gender: _____ Current Grade _____

Address: _____ City: _____

State: _____ Zip Code: _____

Home Phone#: _____ Parent's Email Address _____

Father's Name: _____ Work Place _____

Father's Cell # _____ Work Phone # _____

Mother's Name: _____ Work Place: _____

Mother's Cell # _____ Work Phone # _____

Children live with	Both Parents _____	Father _____	Mother _____	Other _____
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School Previously Attending: _____

Are you open enrolled: YES or NO If so, what is your resident district number? _____

Names of children in household	Birthdate	Gender	Last Completed Grade

Is either parent currently serving in the Military or have they previously served? YES or NO

Are you and/or your children experiencing a homeless situation? YES or NO

If yes, your children may qualify for special services.

MEDICAL/EMERGENCY INFORMATION

Physician's Name: _____ Phone# _____

Dentist's Name: _____ Phone# _____

*List and date any illness or injury your child has had within the last 12 months _____

*List immunizations WITH dates your child has had within the last 12 months _____

*List any chronic conditions (example: heart murmur, asthma, bone condition, diabetes, seizures, etc.)

*Should appropriate staff (teachers, paras, etc.) be informed of the above condition? YES or NO

*Is your child allergic? _____ If so, what to: _____
*How does he/she react: _____

Person to contact in case parent(s) cannot be reached:

Name	Phone#
1.	
2.	

Parent Signature _____ Date _____

For Office Use Only

Teacher _____ Bus Number _____

Student ID Number _____