



# Registration Form

**FOR OFFICE USE ONLY**  
 School Year \_\_\_\_\_  
 Registration Fee \_\_\_\_\_  
 Yearbook \_\_\_\_\_  
 Entry Date \_\_\_\_\_  
 Exit Date \_\_\_\_\_  
 Acceptable Use Policy \_\_\_  
 Immunizations \_\_\_

PERSONAL INFORMATION			
Student's Legal Last Name:	First Name	Middle Name	Home Phone Number (     )
Home Address		City	State     Zip Code
Date of Birth	Gender	Student's Social Security #	Family/Parent Email Address

PARENT/GUARDIAN INFORMATION			
Father's name: Address:  Home Phone: Work Phone: Cell Phone: Employer:	Mother's name: Address:  Home Phone: Work Phone: Cell Phone: Employer:	Guardian's name: Address:  Home Phone: Work Phone: Cell Phone: Employer:	Emergency contact: (other than parents)  Contact Phone:
Student Lives with: ___ Both parents ___ Father ___ Mother ___ Other (relationship _____)			
Previous School Attended:	Address/Phone	Health Problems Allergies	

**Racial/Ethnic Background:** \_\_\_ African/Black American \_\_\_ American Indian \_\_\_ Asian \_\_\_ Caucasian/White \_\_\_ Hispanic \_\_\_ Pacific Islander

Does the student speak a language(s) other than English? Yes No Language(s) \_\_\_\_\_

Has the student ever spoken any language other than English? Yes No Language(s) \_\_\_\_\_

Does the student understand any language other than English? Yes No Language(s) \_\_\_\_\_

What language(s) should the school use in written notices to your home? \_\_\_\_\_

Has the student ever received Special Education services? \_\_\_ Yes \_\_\_ No

Is the student presently taking medication Yes No If so, what? \_\_\_\_\_

**Medical Release:** When I/We cannot be located, the administrator, or principal designee, is authorized to act in case of illness, accident or other emergency involving the student named above, and I/we agree to be responsible for incurred medical costs.

Name:	Signature:	Date:
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**Information Release:** I/We authorize permission to release name, address, and phone number for use in a student directory and/or carpool/bus list. I/We also authorize permission to release name, and other information as needed to universities, colleges, and the Armed Forces.

Name:	Signature:
Date:	