

# Student Registration Information Sheet

Please fill in any blanks and make corrections as necessary

## Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Listed: (Y/N) \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

## Parent/Guardian Information

Mother - Name:	
Resides with student: <p style="text-align: center;">Yes { } No { }</p>	
Employer:	
Business Phone:	Extension:

Father - Name:	
Resides with student: <p style="text-align: center;">Yes { } No { }</p>	
Employer:	
Business Phone:	Extension:

Guardian - Name:	
Resides with student: <p style="text-align: center;">Yes { } No { }</p>	
Employer:	
Business Phone:	Extension:

Responsible Adult - Name:	
Resides with student: <p style="text-align: center;">Yes { } No { }</p>	
Employer:	
Business Phone:	Extension:

## Emergency Contact

Name:	Address:	Phone Number:	Extension:
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## Special Considerations

Please list any health or other problems that school personnel should be aware of:

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In case of accident or serious illness, I request the school to contact me. If the school is unable to contact me, I hereby authorize the school to contact the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements that seem necessary. I agree to assume financial responsibility for these emergency referrals (this includes hospital, medical and ambulance services).

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**X** Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please do not write in this area***		
SASI #:	Birth Cert:	Spec Ed:
Permanent ID:	R / E:	Withdrawn
Proof of Residence	DA:	Reason: