



Student Registration Form

Sibling Information

Name _____ Grade _____ Age _____
Last, First

Name _____ Grade _____ Age _____
Last, First

Name _____ Grade _____ Age _____
Last, First

Medical Information

In case of accident or illness where a doctor is needed and you cannot be contacted, do you hereby give permission for the school to take your child to the doctor?

Yes No

Doctor _____ Phone () - _____ 1st Choice

Doctor _____ Phone () - _____ 2nd Choice

Dentist _____ Phone () - _____

Other Information

Nearest Relative or Neighbor

Name _____ Gender M F
Last, First, Middle Initial

Cell Phone () - _____

With whom does the student primarily reside?

Name _____ Gender M F
Last, First

Relationship to Student _____

Approval of Principal to admit student

Signature

Date