

Registration

School Year: _____

Grade Entering: _____

☐ Full Time☐ Home School (Part Time) _____☐ OG/Dyslexia _____ # of classes_____
Student First Name_____
Student Middle Name_____
Student Last Name_____
Preferred Name_____
Date of Birth (MM/DD/YYYY)_____
Sex ☐ Female ☐ Male_____
Student Home Address_____
City_____
State_____
Zip Code_____
Father's Legal Name_____
☐ Yes ☐ No
US Citizen_____
Father's Email_____
Father's Cell Phone_____
Mother's Legal Name_____
☐ Yes ☐ No
US Citizen_____
Mother's Email_____
Mother's Cell Phone

In case of an Emergency, please call:

Name_____
Relationship_____
Phone_____
Name_____
Relationship_____
Phone

Health Information:

Does student have any health issues (diabetic, asthma, allergies, etc)

☐ Yes ☐ No

If Yes, please describe:

Parent (Print Name)_____
Parent (Signature)_____
Date