

New Student Registration Form

Student Legal Name (Last, First Middle)			
Student Address (include city and state)			
Gender: M__ F__	DOB: ___/___/___	Enrolling grade: _____	Circle Lunch Eligibility: Free Reduced Paid
Name of Sibling(s) currently attending primary school	DOB	Name(s) of School(s)	

Educational Information

Name Attending School	Name Attending School District	School Type (check all that apply) Public___ Private___ Pre-K___ Home School___
Attending School Address (include city and state)		Attending School Telephone

Special Services Information/Education Plan *Please circle all that apply.*

| IEP | ESL | Title 1 | 504 | Other _____

Briefly describe any academic challenges, ie. Learning disabilities, technology navigation, subject matter, etc.

Contact Information

Parent/Guardian Name _____

Home Phone _____ Work/Cell Phone _____

Parent Email Address _____

1st Emergency Contact Name _____

Emergency Phone _____ Relationship to Student _____

2nd Emergency Contact Name _____

Emergency Phone _____ Relationship to Student _____

Medical Information

Nearest Hospital _____

Physician Name and Phone _____

Does your child have special needs (disabilities, visual impairment, behaviors)? ___ Yes ___ No

Identify special needs: _____

Does your child require one-to-one support? ___ Yes ___ No

Does your child suffer from life-threatening allergies? ___ Yes ___ No

List specific allergies: _____

Does your child require any medications or epi pen? ___ Yes ___ No

List medications: _____

Does your child have all immunizations records up to date? ___ Yes ___ No

Do you provide your approval to obtain medical records from attending school? ___ Yes ___ No

Parent Name (Print): _____

Parent Signature: _____ Date: _____