



2023-24

Student Registration Form Confidential

Student Information

First Name

Last Name

female male

Birthday:

Address

City/State/Zip

Phone

If the student has other siblings in the school, please list them:

Previous School Information

Previous School Name

Address

Grade:

Last Day Attended:

Language of Instruction English Spanish Other:

Languages Spoken at Home

If the Student currently expelled from any school or school board Yes No

If yes, explain

Does the student need Special Education assistance? Yes No

If yes, explain

Has the student been held back? Yes No

If yes, explain

Health Information

Medical Conditions (Include information on special equipment or medication, if required, epi-pen?)

Does the student have a rescued inhaler? Yes No



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Parent 1/ Guardian Contact Information

First Name

Last Name

Relationship to Student

Has Access to Student

Yes No

Legal Guardian Custody

Has Access to records: Yes No

Address

(Same as student's address)

Cell Phone

Work Phone

Email

Opt in as a Volunteer

Parent 2/ Guardian Contact Information

First Name

Last Name

Relationship to Student

Has Access to Student

Yes No

Legal Guardian Custody

Has Access to records: Yes No

Address

(Same as student's address)

Cell Phone

Work Phone

Email

Opt in as a Volunteer