

2007-2008 STUDENT REGISTRATION FORM

STUDENT _____ GRADE _____
Last Name First Middle

DATE OF BIRTH: Month _____ Day _____ Year _____

HOME ADDRESS _____ P.O. BOX _____

CITY & ZIP CODE _____

E-MAIL ADDRESS _____

HOME PHONE# _____

CELL PHONES _____

FATHER'S NAME _____

FATHER'S ADDRESS _____

FATHER'S WORK PHONE _____

MOTHER'S NAME _____

MOTHER'S ADDRESS _____

MOTHER'S WORK PHONE _____

FAMILY PHYSICIAN & PHONE# _____

ANY KNOWN ALLERGIES _____

IF MOM OR DAD CANNOT BE REACHED WHO SHOULD THE SCHOOL CONTACT:

1. _____ PHONE _____

2. _____ PHONE _____

3. _____ PHONE _____

IF SCHOOL IS UNEXPECTEDLY DISMISSED WHERE SHOULD YOUR CHILD GO:

Parent's Signature

Date