

## REGISTRATION FORM 2011-2012

Name of Student \_\_\_\_\_  Male  Female

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Citizenship \_\_\_\_\_ Passport # or ID # \_\_\_\_\_

Will Ride School Van for 2011-2012 School Year:  Yes  No

Name of School Last Attended \_\_\_\_\_ Grade \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact (Name) \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Is the child on any medication? \_\_\_\_\_

Does the child have any allergies? \_\_\_\_\_

In case of minor discomfort, I authorize the school to give my child:

Tylenol  Aspirin  Pepto Bismol for Stomach

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**For Office Use Only**

Registration fee paid  (Date: \_\_\_\_\_ )

Transportation  Pick Up:

Drop Off:

Copy of a Passport

Immunization Record

School Record