

**REGISTRATION FORM**  
**(2016-2017)**

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

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
2016-2017 School Year

Citizenship \_\_\_\_\_ Passport or ID Number \_\_\_\_\_

School Last Attended \_\_\_\_\_

Grade Last Year \_\_\_\_\_  
2015-2016 School Year

Will Ride School Van for 2016-2017 School Year:  Yes  No

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:

Financial Aid Provided:  Yes  No (Amount: )

Transportation  Pick Up:

Drop Off:

Copy of a Passport or ID

Immunization Record

School Record