

STUDENT REGISTRATION FORM

GRADE IN SCHOOL: _____

FIRST NAME: _____ MIDDLE NAME: _____

LAST NAME: _____ SOCIAL SECURITY # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ ETHNIC GROUP: _____

SEX (M/F): _____ DATE OF BIRTH: _____ PLACE OF BIRTH _____

PRIMARY LANGUAGE SPOKEN BY CHILD: _____ AT HOME: _____

FATHER'S NAME: _____

(If father's address is the same as student's - please skip to employer info)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ CELL PHONE: _____ EMAIL _____

EMPLOYER: _____ PHONE NUMBER: _____

MOTHER'S NAME: _____ MAIDEN NAME: _____

(If mother's address is the same as student's - please skip to employer info)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ CELL PHONE: _____ EMAIL _____

EMPLOYER: _____ PHONE NUMBER: _____

GUARDIAN'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

EMERGENCY CONTACT: _____ PHONE NUMBER _____

OR: _____ PHONE NUMBER: _____

DOCTOR NAME AND PHONE NUMBER: _____

STUDENT LIVES WITH: _____