



## Student Registration form

<b>First Name</b>	
<b>Middle Name</b>	
<b>Last Name</b>	
<b>GENDER</b> M or F	
<b>Date of Birth</b> <small>(Month/Day/Year)</small>	/ /
<b>Grade Level</b>	

### Method of contact

<b>Guardian's Name</b>	
<b>Relationship to student</b>	
<b>Address</b>	..... .....
<b>E-mail</b>	
<b>Home Phone#</b>	
<b>Cell phone#</b>	
<b>Work phone ( if applicable)</b>	
<b>If we need to contact you, which phone to dial first?1,2,3</b>	<input type="checkbox"/> Home <input type="checkbox"/> cell phone <input type="checkbox"/> Work phone

### Medical status

<b>Does the student suffer from any of the following impairments?</b> <small>(tick)</small>	<b>Hearing:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Speech:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Vision:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Mobility:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Does your child suffer from any medical condition or allergies which school staff needs to be aware of</b> <b>Y or N?</b>  <b>If YES,</b> <b>Details</b> →	<b>Details</b> _____ _____ _____ _____		

Guardian signature:

.....

Date:

...../...../.....