

REGISTRATION FORM (2021-2022)

Name of Student _____ Male Female

Age _____ Date of Birth _____ Grade _____
2021-2022 School Year

Citizenship _____

School Last Attended _____

Grade Last Year _____
2020-2021 School Year

Will Ride School Van for 2021-2022 School Year: Yes No

Father's Name _____

Mother's Name _____

Home Phone _____ Work Phone _____

Cell Phone _____

Address _____
MCMXCIX

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: _____

Copy of a Passport or ID

Immunization Record

School Record

Financial Aid Provided: Yes No (Amount: _____)

Drop Off: _____