

REGISTRATION FORM (2023-2024)

Name of Student _____
First Name Last Name (Family Name)

Age _____ Date of Birth _____ Grade _____
Month Date Year 2023-2024 School Year

Citizenship _____ Male Female

School Last Attended _____

Grade Last Year _____
2022-2023 School Year

Will Ride School Van for 2023-2024 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:

Transportation Pick Up:

Copy of a Passport or ID

Immunization Record

School Record

Financial Aid Provided: Yes No (Amount: _____)

Drop Off: