



School Registration Application ***OFFICIAL***

Student's Grade Level in 2020-21: (circle one) **Preschool Pre-K AM K PM K 1 2 3 4 5 6 7**

Student's Name: _____

FIRST
MIDDLE
LAST

Birth Date: _____ State Where Born: _____

Father's Name: _____ Occupation: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Email Address: _____

Mother's Name: _____ Occupation: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Email Address: _____

Who else takes care of the child? _____
 Address: _____ Phone: _____
 In case of emergency call: _____ Phone: _____
 Doctor: _____ Phone: _____

Major diseases child has had: _____

Allergies: _____

List names and ages of other children in family:

Signature: _____ **Date:** _____

NOTICE OF NONDISCRIMANTORY POLICY AS TO STUDENTS

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