



## Student Registration 2020-2021

If you are a new student, please contact a school representative for a tour prior to submitting the registration form. 228-990-4160

**Date of registration \***



Month Day Year

**Student Last Name \***

**Student First Name \***

**M.I.**

**Birth Date \***



Month Day Year

**Gender**

**Email Address \***

example@example.com

**Grade Level**

**Entry Year**

**Enrollment Type**

Full-Time

Part-Time

**If part-time, how many days per week? (minimum 2)**

**Current Residence Information**

**Parent/Guardian \***

First Name

Last Name

**Parent/Guardian**

First Name

Last Name

**Street Address \***

**Street Address Line 2**

**City \***

**State \***

**Zip Code \***

**Home Phone Number**

**Cell Phone Number \***

**Other Residence Information**(if different from above)

**Parent/Guardian**

First Name

Last Name

**Street Address**

**Street Address Line 2**

**City**

**State**

**Zip Code**

**Emergency Contact 1**

**Last Name**

**First Name**

**Primary Phone Number**

**Secondary Phone Number**

**Emergency Contact 2**

**Last Name**

**Primary Phone Number**

**Secondary Phone Number**

**Physician Name \***

**Student  
Registration**

**Preferred Hospital**

**Please list any of the following: Current medications, medication allergies, food allergies, or chronic health concerns.**

## Enrollment History (new students only)

Previous School 1

Primary Phone Number \*

School Name

Insurance/Health Coverage (Company)

City

Student  
Registration

State

Previous School 2

Date Started



Month Day Year

Date Ended



Month Day Year

**School Name**

**City**

**State**

**Date Started**



Month Day Year

**Date Ended**



Month Day Year

**Previous School 3**

**School Name**

**City**

**State**

**Date Started**



Month Day Year

**Date Ended**



Month Day Year

## School Pick Up

The following individuals aside from parent/guardian are permitted to pick up my student(s) from school (note: this can be updated by contacting the school):

### Name

First Name      Last Name

### Phone Number

Area Code   Phone Number

### Name

First Name      Last Name

### Phone Number

Area Code   Phone Number

### Notes

**Please inform the office of any other vital information you think we may need to know in the event of an emergency. Thank you.**