

STUDENT REGISTRATION FORM

PLEASE PRINT CLEARLY



OFFICE USE ONLY

<input type="checkbox"/>	New Enrollment	<input type="checkbox"/>	Social Security
<input type="checkbox"/>	Re-Enrollment	<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	Completed Registration Form	<input type="checkbox"/>	Yellow Form /Blue Form
<input type="checkbox"/>	Report Card	<input type="checkbox"/>	SAT
<input type="checkbox"/>	M.S. References	<input type="checkbox"/>	FCAT

STUDENT INFORMATION

SCHOOL YEAR _____

TODAY'S DATE: ____ / ____ / ____

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

MALE _____ FEMALE _____ SOCIAL SECURITY # _____ - _____ - _____ DATE OF BIRTH ____ / ____ / ____ GRADE: _____

HOME INFORMATION (WHERE STUDENT LIVES)

TITLE (CIRCLE): MR. MRS. MS. DR.

PARENT'S FIRST NAME: _____ LAST NAME: _____

RELATIONSHIP TO STUDENT _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

OCCUPATION: _____ EMPLOYER NAME: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____ CHURCH YOU ATTEND: _____

PARENT'S SPOUSE (LIVING AT THE ABOVE ADDRESS)

TITLE (CIRCLE): MR. MRS. MS. DR.

PARENT'S FIRST NAME: _____ LAST NAME: _____

RELATIONSHIP TO STUDENT _____

OCCUPATION: _____ EMPLOYER'S NAME: _____

CELL PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____ CHURCH YOU ATTEND: _____

PARENT (NOT LIVING WITH STUDENT)

TITLE (CIRCLE): MR. MRS. MS. DR.

PARENT'S FIRST NAME: _____ LAST NAME: _____

RELATIONSHIP TO STUDENT _____

OCCUPATION: _____ EMPLOYER'S NAME: _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

EMAIL ADDRESS: _____ CHURCH YOU ATTEND: _____

ADDITIONAL STUDENT INFORMATION

PLEASE LIST YOUR CHILD'S PREVIOUS SCHOOLS: _____

HAS THE STUDENT FAILED A GRADE? YES _____ NO _____ IF YES, WHICH GRADE(S)? _____

HAS THE STUDENT FAILED A SUBJECT? YES _____ NO _____ IF YES, WHICH SUBJECT(S)? _____

HAS THE STUDENT EVER BEEN DISMISSED FROM A SCHOOL? YES _____ NO _____ IF YES, PLEASE EXPLAIN _____