

Student Registration Form

Confidential - Please Print

Student Information

Child's Name: _____ Gender: Male Female
Last Name First Name Middle Name

Birthdate: _____ Phone Number: () _____ unlisted?
(MM/DD/YY)

Home Address: _____
Address Apt # City, St Zip code

Mailing Address: _____
Address Apt # City, St Zip code

If the student has other siblings in the school, please list them: _____

Previous School Information

Previous School Name: _____ Last Date Attended: _____
School City, St

Grade at Previous School: _____ Language of Instruction: English Spanish Other

Languages spoken at home: _____

Is the student currently expelled from any school or school board? Yes No If yes, explain? _____

Does the student need Special Education assistance? Yes No If yes, explain? _____

Has the student been held back? Yes No If yes, explain? _____

Health Information

Medical Conditions (include information on special equipment or medication, if required): _____

Does the student require an epi-pen? Yes No Does the student have a rescue inhaler? Yes No

Parent/Guardian Contact Information

Parent/Guardian's Name: _____
Last Name First Name Middle Name

Relationship to Student: _____ Place of employment: _____

Cell Phone: () _____

Work Phone: () _____

Same as Student's Address

Check all applicable boxes:

Has access to student Yes No

Legal Guardian/custody

Has access to records

Speaks English

Address Apt # City, St Zip Code

Parent/Guardian Contact Information

Parent/Guardian's Name: _____
Last Name First Name Middle Name

Relationship to Student: _____ Place of employment: _____

Cell Phone: () _____

Work Phone: () _____

Same as Student's Address

Check all applicable boxes:

- Has access to student Yes No
- Legal Guardian/custody
- Has access to records
- Speaks English

Address Apt # City, St Zip Code

Emergency Contact Information

Parent/Guardian's Name: _____
Last Name First Name Middle Name

Relationship to Student: _____ Place of employment: _____

Cell Phone: () _____

Work Phone: () _____

Same as Student's Address

Check all applicable boxes:

- Has access to student Yes No
- Legal Guardian/custody
- Has access to records
- Speaks English

Address Apt # City, St Zip Code

Acknowledgement - Please Sign

Personal Information contained in this form and any other correspondence relating to involvement in Lifeline Learning is confidential. The information may be shared with other employees to carry out their job duties or with providers of child care. In addition, the information may be used for matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement. Medical information will be shared with those transporting students in order to ensure their health and safety. Questions about the collection and use of this information should be directed to the Director of Lifeline Learning.

Acknowledgement: I verify that the information on this form is true and accurate. I understand it is my responsibility to keep the school advised of any change in the above information as soon as possible.

Parent/Guardian Signature: _____ Date: _____