



# Primary School Registration Form

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## Student Information

- Student Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Gender:  Male  Female  Other
- Home Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_
- Zip: \_\_\_\_\_

## Parent/Guardian Information

- Parent/Guardian Name: \_\_\_\_\_
- Relationship to Student: \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- Email: \_\_\_\_\_

## Medical Information

- Allergies (if any): \_\_\_\_\_
- Special Needs (if any): \_\_\_\_\_

## Educational Background

- Previous School (if applicable): \_\_\_\_\_
- Reason for Leaving: \_\_\_\_\_

## Documents to be Attached

- Birth Certificate
- Previous School Records

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- Immunization Records

### Signature

- Parent/Guardian Signature: \_\_\_\_\_
- Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_