
School Registration Form PDF

Student Personal Information

- Student's Full Name: _____
- Birth Date: ____ / ____ / _____
- Gender: Male Female Prefer not to specify
- Home Address: _____
- City: _____ State: _____
- Postal Code: _____

Parent or Guardian Information

- Name of Parent/Guardian: _____
- Relationship to Student: _____
- Primary Contact Number: _____
- Email Address: _____

Academic Details

- Grade Applying For: _____
- Previous School Attended (if any):

- Special Education Needs (if any):

Health Information

- Allergies or Medical Conditions: _____

- **Primary Physician Name and Contact:** _____

Emergency Contact Information

- **Name:** _____
- **Relationship:** _____
- **Contact Number:** _____

Agreement and Signature

I/We hereby declare that the above information is accurate and complete to the best of my/our knowledge and understand that it is subject to verification.

- **Signature of Parent/Guardian:** _____
- **Date:** ___ / ___ / _____

Checklist for Documentation

- **Birth Certificate**
- **Immunization Records**
- **Previous Academic Records**
- **Proof of Residence**