horizontal line

**Student Registration Form PDF**

#### **Student Information**

* **Student Name:** [First Name, Middle Initial, Last Name]
* **Date of Birth:** [MM/DD/YYYY]
* **Gender:** [ ] Male [ ] Female [ ] Prefer not to say
* **Address:** [Street, City, State, ZIP Code]

#### **Contact Information**

* **Student Email:** [Email Address]
* **Student Phone Number:** [Phone Number]
* **Parent/Guardian Name:** [Full Name]
* **Parent/Guardian Contact Number:** [Phone Number]

#### **Educational Background** (Table Format)

| **Previous School** | **Grade Completed** | **Year** |
| --- | --- | --- |
|  |  |  |
|  |  |  |

#### **Course Enrollment**

* Desired Course of Study: [Course Name]
* Enrollment Type: [ ] Full-Time [ ] Part-Time

#### **Health Information**

* Medical Conditions: [Brief Description]
* Allergies: [Brief Description]

#### **Emergency Contact**

* Name: [Full Name]
* Relationship: [Relationship to Student]
* Phone Number: [Contact Number]

#### **Signature**

* **Student's Signature (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Parent/Guardian's Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date: [MM/DD/YYYY]**