### **Student Registration Form for School**

#### **Student Information**

* **Student Name:** [First Name, Middle Name, Last Name]
* **Date of Birth:** [MM/DD/YYYY]
* **Gender:** [ ] Male [ ] Female [ ] Prefer not to say
* **Address:** [Street Address, City, State, Zip Code]
* **Previous School (if applicable):** [School Name]

#### **Parent/Guardian Information** (Table Format with 8 Rows)

| **Relationship to Student** | **Name** | **Contact Number** | **Email Address** | **Occupation** | **Address (if different from student)** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **(Note: Continue the table for additional guardians as necessary.)** |  |  |  |  |  |

#### **Educational Information**

* **Grade Applying For:** [Fillable Field]
* **Special Educational Needs (if any):** [Fillable Field]

#### **Emergency Contact Information**

* **Name: [**Fillable Field]
* **Relationship to Student:** [Fillable Field]
* **Contact Number:** [Fillable Field]

#### **Health Information**

* **Allergies (if any):** [Fillable Field]
* **Medical Conditions** (if any): [Fillable Field]

#### **Consent and Acknowledgment**

* **Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date:** [MM/DD/YYYY]