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**Student Registration Form**

### **Student's Details**

**Fill in the student's personal information to proceed with the registration.**

* **Student's Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Birth:** \_\_\_ / \_\_\_ / \_\_\_\_\_\_
* **Gender:** ☐ Male ☐ Female ☐ Prefer not to say
* **Previous School (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Parent/Guardian Information**

* Parent/Guardian Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Educational Preferences**

Refer to the table below to select the preferred classes and activities for the student.

| **Class/Activity Name** | **Class Code** | **Preferred Day/Time** | **Interest Level** |
| --- | --- | --- | --- |
| Mathematics | M101 | \_\_\_ / \_\_\_ / \_\_\_\_\_\_ | ☐ High ☐ Medium ☐ Low |
| Science | S102 | \_\_\_ / \_\_\_ / \_\_\_\_\_\_ | ☐ High ☐ Medium ☐ Low |
| English Language Arts | ELA103 | \_\_\_ / \_\_\_ / \_\_\_\_\_\_ | ☐ High ☐ Medium ☐ Low |
| Social Studies | SS104 | \_\_\_ / \_\_\_ / \_\_\_\_\_\_ | ☐ High ☐ Medium ☐ Low |
| Art | ART105 | \_\_\_ / \_\_\_ / \_\_\_\_\_\_ | ☐ High ☐ Medium ☐ Low |
| Music | MUS106 | \_\_\_ / \_\_\_ / \_\_\_\_\_\_ | ☐ High ☐ Medium ☐ Low |
| Physical Education | PE107 | \_\_\_ / \_\_\_ / \_\_\_\_\_\_ | ☐ High ☐ Medium ☐ Low |
| Technology | TECH108 | \_\_\_ / \_\_\_ / \_\_\_\_\_\_ | ☐ High ☐ Medium ☐ Low |

### **Health Information**

* Allergies (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Special Medical Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Agreement**

* **☐** I, the undersigned, confirm that the information provided herein is accurate and complete to the best of my knowledge. I understand that providing false information may result in the invalidation of this registration.

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