



**PERSON (S) TO BE CONTACTED IN CASE PARENT CANNOT BE REACHED (Please list 2)**

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Student's Brothers / Sisters (PreK – Grade 12):**

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**FOR OFFICE USE ONLY**

*Registration Checklist (Check, NA, or initial)*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Proof of Residency            | <input type="checkbox"/> Birth Certificate           | <input type="checkbox"/> Special Needs - PSA         |
| <input type="checkbox"/> Health History Form           | <input type="checkbox"/> Immunizations               | <input type="checkbox"/> Home Language Questionnaire |
| <input type="checkbox"/> Mc-Kinney-Vento Questionnaire | <input type="checkbox"/> Student Media Form          | <input type="checkbox"/> Computer Usage Form         |
| <input type="checkbox"/> Charter School Sign Off       | <input type="checkbox"/> Release of Information Form | <input type="checkbox"/> Schedule                    |
| <input type="checkbox"/> Alternate Transportation      | <input type="checkbox"/> Lunch Application           |  |

Registrar \_\_\_\_\_ Date \_\_\_\_\_

Computer Input \_\_\_\_\_ Date \_\_\_\_\_

Administrator Approval \_\_\_\_\_ Date \_\_\_\_\_