

Student Registration Form

2020-2021



Students Name _____

Parents Name _____

Date _____

Student Information

First Name _____

Last Name _____

Middle Name _____

Birth Date _____

Birth Place _____

Birth Certificate Number _____

Social Security Number _____

Gender _____

Race _____

Grade Entering _____

Student Address _____

City/State/Zip _____

Custodial Information

Student living with? (Circle One)

Both Father Mother Father/Stepmother Mother/Stepfather

Other _____

Information Student Information Release/Permit (Yes or No)

_____ Internet Access _____ Photo/Video _____ Include in RenWeb Directory

Title 1 Information

To which public school is your child zoned? _____

Transportation Information

_____ Bus _____ Car _____ Extended Day

Tuition Information

_____ I choose to Pay the Tuition in Full by June 15th.

_____ I choose to Finance the Tuition through Facts.

_____ I choose to pay ½ annual tuition by June 15th and the remainder by December 15th.

Medical Information

Hospital _____

Long Term Medication _____

Special Diet _____

Allergies _____

Medical Condition _____

Religion Information

Religion _____ Church _____

Previous School Information

Transferred From _____

Address _____

City/Stat/Zip _____

Phone & Fax _____

Previous Behavior in School

No Major Difficulties _____

Suspended _____

Expelled _____

Comments _____

Mother's Contact Information

First Name _____

Last Name _____

Address if different from page 2 _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Occupation _____ Company Name _____

Work Phone _____ Extension _____

Email Address _____

Birth Place _____ Education _____

Race _____ Religion _____

Father's Contact Information

First Name _____

Last Name _____

Address if different from page 2 _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Occupation _____ Company Name _____

Work Phone _____ Extension _____

Email Address _____

Birth Place _____ Education _____

Race _____ Religion _____

Emergency Contact Information

First Name _____

Last Name _____

Address if different from page 2 _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Extension _____

Relationship to Child _____

Emergency Contact Information

First Name _____

Last Name _____

Address if different from page 2 _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Extension _____

Relationship to Child _____

Emergency Contact Information

First Name _____

Last Name _____

Address if different from page 2 _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Extension _____

Relationship to Child _____