

Student Registration Information

STUDENT IS REGISTERING AS: SEVENTH EIGHTH FRESHMAN SOPHMORE JUNIOR SENIOR

DATE: _____ LAST SCHOOL ATTENDED: _____

STUDENT INFORMATION:

FULL LEGAL NAME: _____
LAST FIRST MIDDLE

NAME YOU WISH TO USE AT SCHOOL: _____

ADDRESS: _____
STREET NAME CITY ZIP CODE

PHONE: _____ E-MAIL ADDRESS: _____

BIRTHDATE: _____ BIRTHPLACE: _____ SSN: _____

LIVES WITH: _____ RELATIONSHIP TO STUDENT: _____

PARENT/GUARDIAN INFORMATION:

FATHER: _____ ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

E-MAIL ADDRESS: _____

MOTHER: _____ ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

E-MAIL ADDRESS: _____ MOTHER'S MAIDEN NAME: _____

GUARDIAN WITH WHOME YOU LIVE OTHER THAN PARENTS:

NAME: _____ ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

E-MAIL ADDRESS: _____

LEGAL CUSTODY OF STUDENT (CIRCLE): FATHER MOTHER OTHER: _____

IT IS THE POLICY OF LEWISTOWN JR/SR HIGH SCHOOL TO MAKE EVERY EFFORT TO CONTACT A PARENT/GUARDIAN IN CASE OF AN EMERGENCY. SOMETIMES THIS IS NOT POSSIBLE, PLEASE LIST SOMEONE WE CAN CONTACT.

NAME: _____ RELATIONSHIP: _____ PHONE: _____

DOCTOR: _____ PHONE: _____ HOSPITAL: _____

ANY ALLERGIES OR MEDICAL CONDITION THAT LEWISTOWN JR/SR HIGH SCHOOL SHOULD BE AWARE OF AND/OR ANY MEDICATION TAKEN DAILY SHOULD BE LISTED BELOW.

PARENT/GUARDIAN SIGNATURE

STUDENT SIGNATURE