

**Student Registration Information**  
**Personal Data**

Student Name: \_\_\_\_\_  
Last Name First Name Middle Name

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_ Gender: Male Female  
(Circle One)

Home Address: \_\_\_\_\_  
Street City, State, & Zip Code

Mailing Address: \_\_\_\_\_  
If different from home address

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Language Spoken at home: \_\_\_\_\_ Are you Hispanic or Latino? \_\_\_yes \_\_\_ no

Choose one or more races: \_\_\_\_\_ African-American or Black  
\_\_\_\_\_ White or Caucasian  
\_\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_\_ Asian  
\_\_\_\_\_ Native Hawaiian or other Pacific Islander

Name of Last School Attended: \_\_\_\_\_

Has this student ever repeated a grade? \_\_\_\_\_ If yes, which grade? \_\_\_\_\_

Is student currently on suspension or expulsion? \_\_\_ Yes \_\_\_ No

**Parent/Guardian Information (Please Print)**

Legal guardian

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Lives with \_\_\_\_\_ Both M/F

\_\_\_\_\_ Father

\_\_\_\_\_ Mother

\_\_\_\_\_ Mother/Stepfather

\_\_\_\_\_ Father/Stepmother

Address: \_\_\_\_\_  
Street City, State, & Zip

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

Proof of Immunization Provided: \_\_\_ Yes \_\_\_ No Is the student a \_\_\_ Bus rider \_\_\_ Carpool \_\_\_ Walker

Lunch status \_\_\_\_\_ Free \_\_\_\_\_ Reduced \_\_\_\_\_ Full Pay

## Emergency Information Card

Homeroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State, & Zip

Mother: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Health Insurance: \_\_\_\_\_

List Any Drug Allergies: \_\_\_\_\_

Allergies to insect bites: \_\_\_\_\_ Yes \_\_\_\_\_ No Type of insect: \_\_\_\_\_

Dose student take any medications at home? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list all medications: \_\_\_\_\_

Dose the student have any health problems? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Please list all health conditions: \_\_\_\_\_

**Person with right to access student ( Must be Over the age of 18, no students and include neighbors, relatives, etc.....)**

**Please note that student's will not be released to anyone who is not listed below. Proper ID is required prior to check-out.**

Name	Relationship	Address	Phone

### Permission for emergency treatment

**If I cannot be reached, Madison Preparatory Academy has my permission to give basic first aid and seek emergency treatment for (student Name) \_\_\_\_\_ . My child may be taken to \_\_\_\_\_ or the nearest medical facility. (Please note parents are responsible for any expenses incurred in seeking treatment)**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

