

**Student Registration/Emergency Form**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender: M F Birthdate: \_\_\_\_\_

Fed. Race: American Indian: \_\_ Asian: \_\_ Black: \_\_ Native Hawaiian: \_\_ White: \_\_ Hisp/Lat Ethnicity: \_\_

Birth City/State: \_\_\_\_\_ Birth Country: \_\_\_\_\_ Birth County: \_\_\_\_\_

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**Family 1-Parent/Guardian Information**

Parent/Guardian #1: \_\_\_\_\_

Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

\_\_\_\_\_ Second Phone: \_\_\_\_\_

Work Location: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Parent/Guardian email address: \_\_\_\_\_

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**Family 2-Parent/Guardian Information**

Parent/Guardian #2: \_\_\_\_\_

Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

\_\_\_\_\_ Second Phone: \_\_\_\_\_

Work Location: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Parent/Guardian email address: \_\_\_\_\_

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**Emergency Contact Information (other than parents)**

Emergency Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_

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Emergency Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_

**Allergy/Alert Information:** \_\_\_\_\_

Siblings:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Additional Emergency Contacts:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_