



Registration Form School

Student Information

- Student's Full Name: _____
- Date of Birth: ___ / ___ / _____
- Gender: Male Female Prefer not to say
- Grade Applying For: _____
- Previous School: _____
- Special Needs/Allergies: _____

Parent/Guardian Information

- Parent/Guardian Full Name: _____
- Relationship to Student: _____
- Email Address: _____
- Contact Number: _____
- Address: _____
- City: _____
- State: _____
- Zip Code: _____

Academic Information

- Subjects of Interest: _____
- Extracurricular Interests: _____

Emergency Contact Information

- Name: _____
- Relationship: _____
- Phone Number: _____



Consent and Declaration

- I hereby confirm that the information provided is true and accurate to the best of my knowledge.

Parent/Guardian Signature: _____

Date: ___ / ___ / _____