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# Student Registration Form

## Student's Details

Fill in the student's personal information to proceed with the registration.

- **Student's Full Name:** \_\_\_\_\_
- **Date of Birth:** \_\_\_ / \_\_\_ / \_\_\_\_\_
- **Gender:**  Male  Female  Prefer not to say
- **Previous School (if applicable):** \_\_\_\_\_

## Parent/Guardian Information

- **Parent/Guardian Full Name:** \_\_\_\_\_
- **Relationship to Student:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_
- **Contact Number:** \_\_\_\_\_

## Educational Preferences

Refer to the table below to select the preferred classes and activities for the student.

Class/Activity Name	Class Code	Preferred Day/Time	Interest Level
Mathematics	M101	___ / ___ / _____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Science	S102	___ / ___ / _____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
English Language Arts	ELA103	___ / ___ / _____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

Social Studies	SS104	___ / ___ / _____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Art	ART105	___ / ___ / _____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Music	MUS106	___ / ___ / _____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Physical Education	PE107	___ / ___ / _____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Technology	TECH108	___ / ___ / _____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

### Health Information

- Allergies (if any): \_\_\_\_\_
- Special Medical Needs: \_\_\_\_\_

### Agreement

- I, the undersigned, confirm that the information provided herein is accurate and complete to the best of my knowledge. I understand that providing false information may result in the invalidation of this registration.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_ / \_\_\_ / \_\_\_\_\_