



Student Registration Form

		Grade	
Student's Full Name			School Year
Birthdate		Social Security #	
Address	Street:		
	City	State	Zip
Mother's Full Name			
Father's Full Name			
OR Guardian's Full Name			
Address <small>(If different from Student Address)</small>			
Phone	(H)	(C)	
Work Phone	(1)	(2)	
Email(s)			
Please List All Schools Previously Attended			
Name of School		Address	Dates Attended
Siblings/Ages:			
In what areas of development, academic skills, or socialization has your child been successful?			
In what areas has your child been less successful or has encountered school problems?			
Does your child have any emotional or behavioral problems that would impact his/her school success?			
Does your child have special interests/hobbies?			
What other information would assist us in meeting your child's needs?			