



PERSONALIZED  
INSTRUCTION FOR  
EVERY STUDENT

# REGISTRATION FORM

## 2024-25

**Student Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Nickname (if applicable):** \_\_\_\_\_

**Grade Entering:** \_\_\_\_\_

### Parent/Guardian #1

**Name:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### Parent/Guardian #2

**Name:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### Medical:

**Known allergies:** \_\_\_\_\_

**Regular medications:** \_\_\_\_\_

**If medication is required while in attendance, please list name, description, and dose**

\_\_\_\_\_

\_\_\_\_\_

### Other Considerations:

**Is your child an English Language Learner? Yes / No**

**Does your child have a 504? Yes / No**

**Does your child have an IEP? Yes / No**

**Does/has your child participate(d) in your local school's Gifted program? Yes / No**

**If you responded yes to any of the above, please provide supporting documentation.**

### Emergency Contact:

**Emergency Contact name:** \_\_\_\_\_

**Relationship to student:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

### Transportation:

**How will your child arrive for each session (circle all that apply): Car / Bike / Walk**

**How will your child depart for each session (circle all that apply): Car / Bike / Walk**

**Other than the adults listed on this form, who has permission to pick-up your child?**

**Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

**Academic Information:**

**What are your child's academic strengths? Which classes, content, skills, etc. does he/she enjoy most?**

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**In which areas could your child benefit from additional support? Which classes, content, skills, etc. does he/she not enjoy and why?**

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**Other Interests:**

**Academics aside, what activities does your child enjoy outside of the classroom? What hobbies/interests does he/she have? How would you describe his/her personality?**

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**Parent Goals:**

**What are your goals for your child this year -- academic, social, emotional, etc.?**

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**Anything else you'd like me to know?**

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

\_\_\_\_\_  
Date

**THANK YOU FOR YOUR TIME!**