

School Registration

Creative Global Schools

Additional documents for registration

Bring this registration form and the following documentation to the school office.

- Original Certified Birth Certificate
- Original Social Security Card
- Current Immunization Form
- Health and Physical Forms
- Other(IEP/Test Scores)

Student Information

Name

First Name

Last Name

M.I.

Birth Date

Month Day

Year

Gender

Ethnicity

Email Address

example@example.com

Entry Year

Grade

Semester

Have you previously applied to or attended this school?

Yes

No

If yes, what year?

Current Residence Information

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Home Phone Number

Area Code

Phone Number

Cell Phone Number

Area Code

Phone Number

Primary Residence Information (if different from above)

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Parent/Guardian Residence Information (if different from above)

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Emergency Contact 1

Name

First Name

Last Name

Phone Number

Area Code

Phone Number

Emergency Contact 2

Name

First Name

Phone Number

Area Code

Phone Number

Physician and Medical Information

Name

First Name

Last Name

Phone Number

Area Code

Phone Number

Preferred Hospital

Insurance/Health Coverage (Company)

Please list any of the following: Current medications, Medication allergies, Food allergies, Chronic health concerns.

Previous School 1

School Name

City

State

Date Started

Month Day Year

Date Ended

Month Day Year

Previous School 2

School Name

City

State

Date Started

Month Day Year

Date Ended

Month Day Year

Previous School 3

School Name

City

State

Date Started

Month Day Year

Date Ended

Month Day Year

[Notes](#)

Please inform the office of any other vital information you think they may need to know in the event of an emergency. Thank you.