

STUDENT REGISTRATION FORM | CONNECTIONS ACADEMY EAST

20 ____ - 20 ____ School Year

(Please fill out completely)

Student's LEGAL Name: Last: _____ First: _____ Middle: _____

Nickname: _____ Birth Date: _____ Student Cell: _____

Gender: _____ Ethnicity/Ethnicities: _____ Grade in School: _____

Parent/Guardian 1 Full Name: _____ Home Phone: _____ Cell: _____

Address: _____ Work Phone: _____

City: _____ Zip: _____

Parent/Guardian 2 Full Name: _____ Home Phone: _____ Cell: _____

Address: _____ Work Phone: _____

City: _____ Zip: _____

Parent/Guardian 1 E-Mail: _____ Parent/Guardian 2 E-Mail: _____

Child resides with: Both Parents Mother Only Father Only Other, Name/Relationship: _____

Legal Guardian: Both Parents Mother Only Father Only Other, Name/Relationship: _____

Emergency contact (other than Parent/Guardian): _____ Relationship: _____ Phone: _____

Emergency contact (other than Parent/Guardian): _____ Relationship: _____ Phone: _____

Physician's Name: _____ Phone: _____ Dentist's Name: _____ Phone: _____ List

any medical concerns: _____ List

any Allergies (food, medication, environmental or NONE): _____

Medications @ Home (Name/Time/Amount) _____

Medications @ School (Name/Time/Amount) _____

Physical Restrictions: _____ Dietary Concerns: _____

Language spoken in home if other than English: _____

If neither parent can be contacted in the case of serious injury or illness, I authorize the school to take such emergency action as may be deemed necessary, including transportation to a hospital or medical center.

Guardian Date

Signature of Parent or

STUDENT REGISTRATION FORM CONTINUED

Student's LEGAL Name: Last: _____ First: _____ Middle: _____

OUTSIDE AGENCIES INFORMATION:

Is the student currently seeing a **therapist** (outside of school)? YES NO If "yes" please specify the following: Name of therapist:

_____ Address: _____ City: _____
_____ Zip Code: _____ Phone Number: _____ Do we

have permission to contact this therapist? YES NO

If "yes" please complete a Consent to Release Information form.

Is the student currently seeing a **psychiatrist** (outside of school)? YES NO If "yes" please specify the following: Name of psychiatrist:

_____ Address: _____ City: _____
_____ Zip Code: _____ Phone Number: _____ Do we

have permission to contact this psychiatrist? YES NO

If "yes" please complete a ***Consent to Release Information*** form.

Is the student currently involved in the courts? YES NO

Is the student currently involved with a **probation officer**? YES NO

If "yes" please list the probation officer's name: _____

Phone number: _____

Do we have permission to contact the probation officer? YES NO

If "yes" please complete a Consent to Release Information form.

INSURANCE INFORMATION:

Name of Insurance Company: _____ Phone Number: _____

Address of Company: _____

Policy Holder's Name: _____ Birth Date: _____

Group/Policy Number: _____ Employer: _____

THANK YOU FOR COMPLETING THIS FORM!