

Registration is required for all students age 2-gr.12. Please list all children you wish to enroll, along with the information requested here:

Student Name:								Birthdate:				Age on Dec. 31, 2025:			
	Age 2-3	Pre K	K	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
<b>Grade (Sept. 1)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does this child have any medical, physical, emotional, mental, behavioral, concerns or limitations that our staff should be aware of? ☐ **Yes** ☐ **No**

If yes, please explain: *\*If more space is required, please attach separate note.*

Student Name:								Birthdate:				Age on Dec. 31, 2025:			
	Age 2-3	Pre K	K	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
<b>Grade (Sept. 1)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**TURN OVER AND COMPLETE BACK OF FORM**

