

# Sand Ridge Charter School

Registration Form  
School Year: 2017-2018

\_\_\_\_\_ New Registration      \_\_\_\_\_ Re-Registration

**PARENTS: THE INFORMATION ON THIS FORM IS NEEDED SO THAT WE WILL BE ABLE TO PROVIDE SERVICES AND CARE. PLEASE FILL OUT THE ITEMS ACCURATELY AND COMPLETELY.**

\_\_\_\_\_  
Students legal name (Last, First, Middle)      Students preferred name (if applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Grade      M/F      Birth date      Birth Place (City/State)      E-mail

\_\_\_\_\_  
Resident Address      City, State      Mailing Address (if different)

\_\_\_\_\_  
Home Phone      Mom Cell Phone      Dad Cell Phone

\_\_\_\_\_  
Mother/Guardian Name (Last, First, Middle)      Mother's maiden name      **Living with Yes \_\_\_ No \_\_\_**

\_\_\_\_\_  
Mother/Guardian Employer      Occupation      Work Phone (extension if applicable)

\_\_\_\_\_  
Father/Guardian Name (Last,First, Middle)      **Living with Yes \_\_\_ No \_\_\_**

\_\_\_\_\_  
Father/Guardian Employer      Occupation      Work Phone (extension if applicable)

School Last Attended \_\_\_\_\_ Resident School \_\_\_\_\_

## EMERGENCY CONTACT – OTHER THAN PARENT/GUARDIAN

This information is needed in case of an emergency/varied situations in which you may not be able to be reached.

The person you select is given authority to:

1. Authorize the school to release your student if we are unable to contact you.
2. Direct the school in the handling of an emergency involving your child.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

## ALL CHILDREN LIVING AT HOME:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

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