

New Student Registration

Apex Program

Please **PRINT** your student's information on the lines below.

General Information	New Information
Student's Name: (Last, First, Middle)	
Mailing Address:	
City, State, Zip	
Home Phone:	
Birth Date: / Birthplace:	
Social Security Number:	
Ethnicity: / Gender:	
Physical Address:	
City, State, Zip	
Grade: / Homeroom Teacher:	
Locker: / Locker Combination:	
Parent/Guardian Information	New Information
Student Lives With:	
Mother: (Last, First)	
Mailing Address:	
City, State, Zip	
Employer: / Day Phone:	
Home Phone: / Cell Phone:	
Email Address:	
Father: (Last, First)	
Mailing Address:	
City, State, Zip	
Employer: / Day Phone:	
Home Phone: / Cell Phone:	
Email Address:	
Stepmother's Name: (Last, First)	
Mailing Address:	
City, State, Zip	
Employer: / Day Phone:	
Home Phone: / Cell Phone:	
Email Address:	
Stepfather's Name: (Last, First)	
Mailing Address:	
City, State, Zip	
Employer: / Day Phone:	
Home Phone: / Cell Phone:	
Email Address:	
1st Guardian's Name / Relationship:	
Mailing Address:	
City, State, Zip	
Employer: / Day Phone:	
Home Phone: / Cell Phone:	
Email Address:	
2nd Guardian's Name / Relationship:	
Mailing Address:	
City, State, Zip	
Employer: / Day Phone:	
Home Phone: / Cell Phone:	
Email Address:	

New Student Registration - Page 2

Apex Program

Please **PRINT** your student's information on the lines below.

Emergency Contacts (Other Than Parents)	New Information
Contact 1 (last name, first name)	
#1 Relationship:	
#1 Home Phone / Cell Phone:	
#1 Day (Work) Phone:	
Contact 2 (last name, first name):	
#2 Relationship:	
#2 Home Phone / Cell Phone:	
#2 Day (Work) Phone:	
Contact 3 (last name, first name):	
#3 Relationship:	
#3 Home Phone / Cell Phone:	
#3 Day (Work) Phone:	
Medical Information	New Information
Primary Doctor:	
Doctor's Phone Number:	
Medications:	
Allergies:	
Medical Conditions:	
Language in Home	New Information
Language Spoken at Home:	
Primary Student Language:	
Consents	New Information
Technology Form?	
Photo on Webpage Consent?	
Work on Webpage Consent?	
Video Consent?	
Photo Consent?	
Field Trip Consent?	
Transportation	New Information
AM Bus Number:	
PM Bus Number:	
Late Start Instructions:	
Early Out Instructions:	
Afterschool Plans:	
Babysitter's Name:	
Babysitter's Home Phone:	
Babysitter's Cell Phone:	

Where does the student stay at night?

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> In a house, apartment, or mobile home | <input type="checkbox"/> In a shelter | <input type="checkbox"/> In a car |
| <input type="checkbox"/> Temporarily with more than one family in a house, mobile home, or apartment | <input type="checkbox"/> In a motel/hotel | <input type="checkbox"/> Other |
| | <input type="checkbox"/> At a campsite | |

Additional Information

I give permission to share health information with the appropriate staff. Yes No (Please circle)
 I certify that the above information is correct.

Signature _____

Date _____