



Student Registration Form

Office Use Only:
____ Immunization/
Exemption Certificate
____ Birth Certificate

Today's Date _____

Legal Name (F, M, L): _____ Preferred Name: _____

Gender: M F

Grade Level (Will be in Fall 2023): _____

Birth Date (DOB): _____

Birth City: _____

Birth Country: _____

Last School Attended: _____

Contact Information:

Parent/Guardian Info:

Parent #1: _____

Phone #: _____

Email: _____

Can We Text This Number? (Circle One):

Yes No

Parent #2: _____

Can We Text This Number? (Circle One):

Yes No

Email: _____

Addresses Same as Parent #1 Yes No

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact:

Name: _____

Relation: _____

Phone: _____

Can We Text This Number? (Circle One):

Yes No

Email: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

• Can Emergency Contact Approve Medical
Decisions? (Circle One) Yes No

• Child is Allowed to Purchase Food & Drinks from
the School? (Circle One) Yes No

MEDICAL:

1. Special medical considerations (e. g. asthma, diabetes, etc.): _____

2. *Currently on any medication that can and should be taken in school?: _____

***Authorization of Medication: The school will not dispense medications to students without parental permission.**

3. Allergies (Drug, food, bee stings?) _____

A. Description of Allergy _____

4. Family Physician: _____ Phone: _____

5. Insurance Policy: _____ Policy #: _____

MEDICAL RELEASE

In the event of an emergency, I, the undersigned parent/guardian do hereby authorize the district to obtain any medical care or hospitalization of my child, as they believe necessary for the welfare of my child. I do further authorize any medical doctor or hospital to provide any treatment believed necessary for immediate care of my child. I, the undersigned, agree to pay for such medical treatment and shall hold Old Believer Private School harmless from any liability, claims, judgments, and costs incurred as a result of any such medical treatment or hospitalization.

FIELD TRIP

I give my permission for my child to make any and all field trips included in the planned program of the school. Transportation may be provided at the direction of the School District in such form as approved. I understand that notes will be sent home with my child regarding each trip and that I have the right at that time to request that my child not make the trip.

ENROLLMENT AGREEMENT

I/We _____ hereby enroll my child/our child for the 2022/2023 school year. This enrollment will be in effect for one calendar year from the first day of school. I/We have read and agree to abide by the terms of the student/parent handbook.

Signature (Parent #1)

Date

Signature (Parent #2)

Date