



Student Registration Form

Office Use Only: <input type="checkbox"/> Immunization/ <input type="checkbox"/> Exemption Certificate <input type="checkbox"/> Birth Certificate
--

Today's Date _____

Legal Name (F, M, L): _____ Preferred Name: _____
 Gender: M F Grade Level (in Fall 2025): _____
 Birth Date (DOB): _____ Birth City: _____
 Birth Country: _____ Last School Attended _____

Contact Information:

Parent/Guardian Info:

Parent #1: _____
 Phone #: _____
 Can We Text This Number? (Circle One):
 Yes No
 Email: _____

Parent #2: _____
 Phone #: _____
 Can We Text This Number? (Circle One):
 Yes No
 Email: _____

Physical Address:

 City: _____
 State: _____
 Zip: _____

Mailing Address:

 City: _____
 State: _____
 Zip: _____

Emergency Contact:

Emergency Contact #1 Name:

 Relation: _____
 Phone: _____
 Can We Text This Number? (Circle One):
 Yes No

Authorized to make medical decisions?
 (Circle One): Yes No

Emergency Contact #2 Name:

 Relation: _____
 Phone: _____
 Can We Text This Number? (Circle One):
 Yes No

Authorized to make medical decisions?
 (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. Emergency contact will ONLY be contacted in case the parents are unavailable.**

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 _____ hereby enroll my child for the 2025/2026 school year. This enrollment will be in effect for one calendar year from the first day of school. I have read and agree to abide by the terms of the student/parent handbook. By signing I understand that I am required to volunteer at least 1 time during the 2025-2026 school year.

Signature (Parent #1)

Date

Signature (Parent #2)

Date