



School Application

Registration Checklist	Notes
<input type="checkbox"/> Completed Student Registration Form	
<input type="checkbox"/> Original Birth Certificate or Passport	
<input type="checkbox"/> Proof of Immunizations (Form DH 680)	
<input type="checkbox"/> Physical Exam (Form DH 3040 within 1 year)	
<input type="checkbox"/> Last Report Card / Transcript (if applicable)	
<input type="checkbox"/> Current IEP or 504 Plan (if applicable)	
<input type="checkbox"/> Proof of Residency (Lease/Mortgage & Utility Bill)	
<input type="checkbox"/> Guardianship/Custody Documents (if applicable)	
<input type="checkbox"/> Parent ID	
<input type="checkbox"/> Emergency Contact Information	

Emergency Contact & Medical Information	
Student Full Name:	
Date of Birth:	
Grade:	
Allergies or Medical Conditions:	
Medications Taken at School:	
Primary Physician:	
Phone:	
1st Emergency Name:	
Phone:	
2nd Emergency Contact:	
Phone:	

Extracurricular Activities Interest Form	
Student Name:	
Grade:	
Please check all activities your child is interested in:	
<input type="checkbox"/> Art <input type="checkbox"/> Music <input type="checkbox"/> Drama <input type="checkbox"/> Basketball <input type="checkbox"/> Soccer	<input type="checkbox"/> Volleyball <input type="checkbox"/> Track & Field <input type="checkbox"/> Worship Team <input type="checkbox"/> STEM Club



Health Screenings Opt-Out Form	
Student Name:	
I want my child to participate in the following:	
Vision Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scoliosis Screening (grade 6 only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
General Health Screenings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian Signature:	

Home Language Survey	
1. Is a language other than English spoken at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language?
2. Speak a language other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language?
3. What language did your child first learn?	
Parent/Guardian Signature:	
Date:	

Authorization for Release of Records	
Student Name:	
Date of Birth:	
Grade:	
Previous School:	
Address:	
Phone/Fax:	
Parent/Guardian Signature:	

Student Residency Questionnaire	
1. Current Living Situation (check one):	
<input type="checkbox"/> With family in permanent housing	
<input type="checkbox"/> In temporary place due to financial hardship	
<input type="checkbox"/> Shelter: <input type="checkbox"/> Hotel: <input type="checkbox"/> Car:	
<input type="checkbox"/> With friends or relatives (no lease)	
<input type="checkbox"/> Other:	
2. Reason for current living arrangement:	