

# Pingree-Buchanan Schools Student Registration Form

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Gender \_\_\_\_\_ Grade Level \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Guardian Email \_\_\_\_\_

Father's name: last \_\_\_\_\_ first \_\_\_\_\_

Father's Day Phone \_\_\_\_\_ Father's Home Phone \_\_\_\_\_

Mother's name: last \_\_\_\_\_ first \_\_\_\_\_

Mother's Day Phone \_\_\_\_\_ Mother's Home Phone \_\_\_\_\_

## **Emergency Medical/pick up contacts (please list at least 1)**

Contact Name: Last \_\_\_\_\_ First \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

Contact Name: Last \_\_\_\_\_ First \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

Doctor \_\_\_\_\_ phone # \_\_\_\_\_

Dentist \_\_\_\_\_ phone # \_\_\_\_\_

Special Medical Considerations (examples: asthma, allergies, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Medications \_\_\_\_\_

Any additional notes/comments: