

# STUDENT REGISTRATION FORM | NEW CONNECTIONS ACADEMY

**2022 - 2023 School Year**

*(Please fill out completely)*

Student's LEGAL Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Student Cell: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity/Ethnicities: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Parent/Guardian 1 Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian 2 Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian 1 E-Mail: \_\_\_\_\_ Parent/Guardian 2 E-Mail: \_\_\_\_\_

Child resides with:  Both Parents  Mother Only  Father Only  Other, Name/Relationship: \_\_\_\_\_

Legal Guardian:  Both Parents  Mother Only  Father Only  Other, Name/Relationship: \_\_\_\_\_

Emergency contact (other than Parent/Guardian): \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact (other than Parent/Guardian): \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List any medical concerns: \_\_\_\_\_

List any Allergies (food, medication, environmental or NONE): \_\_\_\_\_

Medications @ Home (Name/Time/Amount) \_\_\_\_\_

Medications @ School (Name/Time/Amount) \_\_\_\_\_

Physical Restrictions: \_\_\_\_\_ Dietary Concerns: \_\_\_\_\_

Language spoken in home if other than English: \_\_\_\_\_

*If neither parent can be contacted in the case of serious injury or illness, I authorize the school to take such emergency action as may be deemed necessary, including transportation to a hospital or medical center.*

\_\_\_\_\_  
Signature of Parent or Guardian Date

**\*\*Over\*\***

# STUDENT REGISTRATION FORM CONTINUED

Student's LEGAL Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

## OUTSIDE AGENCIES INFORMATION:

Is the student currently seeing a **therapist** (outside of school)?  YES  NO If "yes" please specify the following: Name of therapist:

\_\_\_\_\_ Address: \_\_\_\_\_ City:

\_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do we have permission to contact this therapist?  YES  NO

If "yes" please complete a Consent to Release Information form.

Is the student currently seeing a **psychiatrist** (outside of school)?  YES  NO If "yes" please specify the following: Name of psychiatrist:

\_\_\_\_\_ Address: \_\_\_\_\_ City:

\_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do we have permission to contact this psychiatrist? YES  NO

If "yes" please complete a ***Consent to Release Information*** form.

Is the student currently involved in the courts?  YES  NO

Is the student currently involved with a **probation officer**?  YES  NO

If "yes" please list the probation officer's name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Do we have permission to contact the probation officer?  YES  NO

If "yes" please complete a Consent to Release Information form.

## INSURANCE INFORMATION:

Name of Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Company: \_\_\_\_\_

\_\_\_\_\_ Policy Holder's

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Group/Policy

Number: \_\_\_\_\_ Employer: \_\_\_\_\_

**THANK YOU FOR COMPLETING THIS FORM!**