

Vaalia Schoolhouse Student Registration Form

Student Name _____
first middle last

Date of birth _____ Age on Sept. 1st _____

Father/guardian name _____

Father/guardian address _____

Phone (Cell) _____ (Work/Home) _____

Email _____

Mother/guardian name _____

Mother/guardian address (if different than above)

Phone (Cell) _____ (Work/Home) _____

Email address _____

With whom does this student live? _____

Are there any concerns about custody? _____ yes _____ no
If yes, please detail your concerns on a separate sheet of paper.

Previous school(s) attended _____

Are you aware of any food, drug, or environmental allergies? _____ yes _____ no
If yes, list known allergens.

Are you aware of any other health concerns or special physical, mental, or emotional requirements for this child?
_____ yes (*describe below*) _____ no

Emergency Contacts

Student _____

In addition to the parent(s) / guardian listed on the front of this sheet, please list two additional **local** emergency contacts.

Name _____

Cell phone _____ W / H phone _____

Address _____

Relationship to student _____

Name _____

Cell phone _____ W / H phone _____

Address _____

Relationship to student _____