



## Returning Elementary Student Registration (1<sup>st</sup>-5<sup>th</sup>)

This form is for students who attended our elementary school (K-4th) last year and are returning for the next academic year. Please return this form along with your \$300 registration fee.

Student Name \_\_\_\_\_ Student DOB \_\_\_\_\_

Registering for Grade (CIRCLE): First    Second    Third    Fourth    Fifth

Draft Registration Fee? (CIRCLE)    Yes    No

Has your contact information (address, phone number, email) changed since last school year? (CIRCLE)    Yes    No

If yes, please update your contact information on the back of this form.

Child's Allergies: \_\_\_\_\_

Health concerns: \_\_\_\_\_

What are two goals you have for your student this year?

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Are there any stressors or important events in the life of your student that we should be mindful of?

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Are there any concerns you have for your student as we enter a new school year?

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## Contact Information:

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

Best Phone: \_\_\_\_\_ Best Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Please send all school information to (CIRCLE): Mom   Dad   Both

Parents are (CIRCLE): Married   Divorced   Separated