

MASADA CHARTER SCHOOL

STUDENT REGISTRATION FORM



Office Use Only:

Entry Date _____

Grade Level _____

Student ID # _____

Birth Certificate

Immunization records

Health / Physical records

With-draw/Graduation Date: _____

Student Information

Last Name _____ First _____ Middle _____

S.S. # _____ Date of Birth _____ Birth City/State _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Last School Attended _____ Grade _____

Parent/Guardian Information

Last	First	Middle	Lives with	Business	Phone #
Father					
Mother					
Guardian					

*(If there is a Divorce or a Legal Separation, please provide custody papers)

#1 Emergency contact _____ Phone # _____

#2 Emergency contact _____ Phone # _____

Father's Email: _____ Mother's Email: _____

Home Language Survey

1. Primary language used in the home, not necessarily spoken by the student. _____
2. List all languages spoken or understood by the student. _____
3. Language that the student first acquired. _____

Race/Ethnic Background

American Indian Black Hispanic Caucasian (white)

I desire a conference to discuss my student's special needs. Yes No

I have health concerns for my student. No Yes, explain: _____

Family Physician _____ Phone # _____

I attest that the above information is correct, and that my child does reside at the address listed above.

Signature of Parent/Legal Guardian _____ Date _____