



(Please print)  
Date Form Completed \_\_\_\_\_

## REGISTRATION FORM

Student's Name \_\_\_\_\_  
(first) (middle) (last)

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Entering Oak Hill \_\_\_\_\_ into grade \_\_\_\_\_ from \_\_\_\_\_ in \_\_\_\_\_  
(date) (school) (location)

Parent #1's name \_\_\_\_\_

Prefix \_\_\_\_\_ (first) (middle) (last) (relationship to student)

Parent #1 cellphone \_\_\_\_\_ Parent #1 email \_\_\_\_\_

Parent #1's Occupation \_\_\_\_\_ Position \_\_\_\_\_

Name of Employer \_\_\_\_\_ Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone no. \_\_\_\_\_

Parent #1 \_\_\_\_\_  
(high school) (college) (graduate school)

Parent #2's name \_\_\_\_\_

Prefix \_\_\_\_\_ (first) (middle) (last) (relationship to student)

Parent #2 cellphone \_\_\_\_\_ Parent #2 email \_\_\_\_\_

Parent #2's Occupation \_\_\_\_\_ Position \_\_\_\_\_

Name of Employer \_\_\_\_\_ Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone no. \_\_\_\_\_

Parent #2 \_\_\_\_\_  
(high school) (college) (graduate school)

Student's home address \_\_\_\_\_ Preferred phone no. \_\_\_\_\_  
(street) (city) (zip)

Preferred Family Email \_\_\_\_\_

Student lives with: \_\_\_\_\_ Parent Marital Status \_\_\_\_\_  
(name and relationship)

Other parent address \_\_\_\_\_ Home Phone \_\_\_\_\_  
(where applicable)

Other parent email \_\_\_\_\_

If separated household, please indicate custody arrangement \_\_\_\_\_

\*\*\*Attach legal custodial documents\*\*\*

Grandparents: Parent #1 \_\_\_\_\_  
(first) (last) (address) (zip)

Parent #2 \_\_\_\_\_  
(first) (last) (address) (zip)

## EMERGENCY INFORMATION

(other than parent)

1<sup>st</sup> Choice

2<sup>nd</sup> Choice

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Relation (if any) \_\_\_\_\_

Relation (if any) \_\_\_\_\_

Driver License # \_\_\_\_\_

Driver License # \_\_\_\_\_

Other children in family:

First name

date of birth

relationship

present school

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What physical and/or learning disabilities does your child have, if any, including severe allergies? Describe.

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Is he or she on any regular medication?      Yes      No      (circle)

If yes, which \_\_\_\_\_

Name of your family physician \_\_\_\_\_ Phone no. \_\_\_\_\_

Address of physician \_\_\_\_\_ Name of hospital preference \_\_\_\_\_

Has a behavioral, psychological, or psychiatric case study been made of student?      Yes      No      (circle)

If so, when was it made and by whom? \_\_\_\_\_

\*\*\* please attach findings\*\*\*

What foreign language does your child speak at home, if any? \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

*Please note that all information and materials received by Oak Hill Academy will be kept strictly confidential.*