



(Please print)
Date Form Completed _____

REGISTRATION FORM

Student's Name _____
(first) (middle) (last)

Nickname _____ Date of Birth _____ Male or Female (circle)

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 _____
(name) (address) (zip)

Parent #2 _____
(name) (address) (zip)

EMERGENCY INFORMATION

(other than parent)

1st Choice

2nd 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

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

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.