



2148

Apple Grove High

Registration Form

Please print a copy, have student AND parent/guardian sign the copy and bring it to registration.

StuNum	Last Name	First Name	Teacher/Counselor	Grade	Sex	Birth Date	Age	Phone
2148	Smith	John		12	M	1998-05-27	17	(155) 555-5361

Current Address	Updated Address
22 Park Ave,Irvine,California,92612	376 Stanford Ct.,Los Angeles,California,92001

Current Guardianship
BOTH parents

Emergency Contacts					
Name	Relation	E-mail	Home	Mobile	Work
Smith, Jane	Mother	jane@smith.com		(111) 111-1111	(555) 555-9623
Smith, Larry	Father			(949) 888-1512	(949) 222-2222
Lambert, Mitch	Grandfather		(818) 555-8989		
Walters, Jenny	Aunt		(714) 555-2325		
Of Children, Doctors	Physician				(818) 555-8987
Smithers, Megain	Dentist				(310) 895-7878

Forms	Completed
Student Information	✓
Student Emergency Contacts	✓
Student Health Form	✓
Volunteer Form Would you like to volunteer with the Cub Club?	✓ No
Residency Verification Form PROOF OF RESIDENCY	✓ 1441393179833000471.png

I acknowledge I have read, confirmed and agree to all the forms specified above. I furthermore affirm that the statements made in the STUDENT HEALTH FORM are true to the best of my knowledge. I give permission for school personnel to contact the student's physician if needed.

Parent 1 / Mother Signature Date

Parent 2 / Father Signature Date

Student Signature Date

Guardian Signature Date

Physical Address has been changed