



J. Addison School

MONTESSORI & ELEMENTARY REGISTRATION FORM

STUDENT INFORMATION:

Student Surname: _____ First Name: _____

Date of birth: ____/____/____/ (year/month/day) Age: _____ Sex: F/M

Grade Completed: _____ Citizenship: _____

Home Address: _____ Postal Code: _____

Home Phone: (____) _____ Fax (____) _____

SIBLING INFORMATION:

Name: _____ Age: _____ Sex: F/M

Name: _____ Age: _____ Sex: F/M

SCHOOL/DAYCARE PREVIOUSLY ATTENDED:

Year: _____ to _____ School Name: _____

Address: _____ Phone #: (____) _____

Year: _____ to _____ School Name.: _____

Address: _____ Phone #: (____) _____

PARENT/GUARDIAN INFORMATION:

Child lives with: Both Parents / Mother only / Father only / Guardian

Father's Full Name: _____

Address: (if different from above) _____

Home Phone #: (if different from above) (____) _____

Cell phone #: _____ Business #: _____ Email: _____



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Mother's Full Name: _____

Address: (if different from above) _____

Home Phone No.: (if different from above) _____

Cell phone #: _____ Business #: _____ Email: _____

Guardian's Full Name: _____

Address: (if different from above) _____

Home Phone No.: (if different from above) _____

Cell phone #: _____ Business #: _____ Email: _____

EMERGENCY CONTACTS IF PARENTS CANNOT BE REACHED:

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

PLEASE PROVIDE THE NAMES OF ALL PEOPLE WHO HAVE AUTHORIZATION TO PICK-UP YOUR CHILD.

The following individuals are authorized to pick – up my child:

Name: _____ Phone #: _____ Cell #: _____

Name: _____ Phone #: _____ Cell #: _____

Name: _____ Phone #: _____ Cell #: _____

Name: _____ Phone #: _____ Cell #: _____

HOW DID YOU HEAR ABOUT US?

Radio Flyers Friends Other: _____

Parent/Guardian Signature: _____ **Date:** _____