



## SY2024-25 Registration

### Enrolling Parent/Guardian Information:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

### Additional Parent/Guardian Information:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

### Emergency Contact(s):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Phone Number

### Student Information:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

Gender: Male

Female

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

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Birth Date

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Birth Country

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Grade Level      Social Security Number (or waiver)

Ethnicity (Hispanic/Latino)    Yes      No

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School Selection/School Name

Does the student have a 504?    Yes      No

Does the student have an IEP?    Yes      No

**Race (Check all that apply)**

American Indian/Alaska Native      Asian      Black      Hawaiian/Pacific Islander      White

**Documents Needed:** (\*required for summer submission)

Birth Verification\*

Proof of Residency\*

Social Security Card/Waiver

Parent/Guardian Photo ID\*

Parent Declaration

DPH Form 3231

DPH Form 3300