



Christ Point Academy

homeschooling doesn't have to be done alone

STUDENT REGISTRATION FORM						
Student's Last Name		First name			Middle name	
Other last name student has used (if any)		Other first name student has used (if any)			Other middle name student has used (if any)	
Home Street Address (Required)		APT#	CITY	STATE	ZIP	HOME TELEPHONE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AREA CODE
E-mail Address:	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity/Race	BIRTHDATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year Month Date			Confidentiality (If you do not wish to have this address/phone shared) <input type="checkbox"/>
Has student received special education services in the past 3 years: <input type="checkbox"/> yes <input type="checkbox"/> No						
Estimated amount of time student received special education services: <input type="checkbox"/> 6-21 hours per week <input type="checkbox"/> Over 21 hours per week <input type="checkbox"/> 0 hours per week <input type="checkbox"/> less than 6 hours per week						
<u>HEALTH QUESTIONS</u>				Name of school last attended:		

During school hours, does your child require a non-oral medication?

yes No

(Example: injected, eye or ear drops, application to skin, suppository, central line) If so, please list:

During school hours, does your child need help with a medical procedure?

yes No

(Example: blood sugar, NG feeding, sterile catheterization)

Does your child have a condition which causes the daily possibility of a life-threatening emergency? yes No

COMMENTS/NOTES:

City

State

Zip Code

Last Grade Attended

Was the student suspended or expelled from this school?

Yes No

Is student's first learned or home language a

language other than English?

yes No

IF YES, Spanish Other (please specify) _____

COUNTRY OF ORIGIN

If country of origin is not U.S. A. give date of entry.

Year Month

Discipline/Criminal History (If applicable)

Has the student ever been suspended or expelled from public or private school?

yes No

Does the student have any current disciplinary actions pending?

yes No

Has the student ever been convicted of any offense, have any current criminal charges pending, or have a probation or parole officer?

yes No

If the answer to any of these questions is yes, you may need to complete an additional form and provide required documentation.

Student's Last name		First name	MI			
Parent/Guardian #1	Last name		First name		Emergency contact #1 _____	
	Relationship to student			Last Name _____ First Name _____		
	ADDRESS (The person listed as Parent/Guardian #1 must have the same address as the students' home address as shown on page 1.)			Emergency contact #2 _____		
	Home phone <input type="checkbox"/> Check here if unlisted.			Cell phone	Physician/health care provider _____ Phone _____	
	Employer Ext.		Work phone (include area code)		*Who has legal custody of this student? (Check one box) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian(s)	
			Student lives with (Check one box) <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian(s) <input type="checkbox"/> Grandparent (s)			

Parent/Guardian #2	Last Name	First name	<input type="checkbox"/> Ward of Court <input type="checkbox"/> Grandparent (s) <input type="checkbox"/> Independent <input type="checkbox"/> Parenting Plan (Shared custody)	<input type="checkbox"/> Agency/Social Service <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Alone <input type="checkbox"/> Other Relative(s)
	Relationship to student			
	ADDRESS			
	Home phone	Cell phone		
	Employer	Work phone (include area code, Ext.)		
Parent/Guardian # 3	Last name	First name	Transportation Information: Please list those individuals you grant permission to pick your child up from school	
	Relationship to student		NAME	RELATIONSHIP AND PHONE #
	ADDRESS		NAME	RELATIONSHIP AND PHONE #
			NAME	RELATIONSHIP AND PHONE #
	Home phone	Cell phone	NAME	RELATIONSHIP AND PHONE #
	Employer	Work phone (include area code) Ext.	NAME	RELATIONSHIP AND PHONE #