



LADYWOOD HIGH SCHOOL

2017 - 2018 REGISTRATION FORM (Must be Completed Yearly)

STUDENT INFORMATION: (Full Legal Name Only)

Name _____ Birthdate: ____ / ____ / ____ Age: ____
(Last) (First) (M.I.)

Home Address: _____
(Street) (City) (Zip)

Preferred Family Phone #: _____ Race: _____ Religion: _____
(Circle One) Home / Father Cell / Mother Cell

School Currently Attending: _____ Church/Parish: _____ City: _____

Student Place of Birth _____ Primary Language spoken at home _____
(City) (State) (Country)

PARENT INFORMATION: (to be completed by parent or guardian)

Dr. Mrs. Ms. Guardian

Mother's Name: _____

Home Address: *(if different from applicant)* _____

Home Phone Number: _____ Cell Phone Number: _____

Home E-Mail Address: _____

Employer: _____ Occupation: _____

Employer Address _____ Business Phone Number: _____

Stepmother *(if applicable)* Dr. Mrs. Ms. _____
Last Name Preferred First Name

Dr. Mr. Guardian

Father's Name: _____

Home Address: *(if different from applicant)* _____

Home Phone Number: _____ Cell Phone Number: _____

Home E-Mail Address: _____

Employer: _____ Occupation: _____

Employer Address: _____ Business Phone Number: _____

Stepfather *(if applicable)* Dr. Mr. _____
Last Name Preferred First Name

Parents are: (check ALL that apply)

- Married Mother Remarried Mother Deceased
 Divorced Father Remarried Father Deceased
 Separated
 Other:(explain) _____

Student resides with: (check ALL that apply)

- Both Parents Mother/Stepfather
 Mother Father/Stepmother
 Father Guardian/Other
(explain): _____

School correspondence should be mailed to:

- Both Parents Mother Only Father Only Guardian

Educational information: May May not be shared with:

- Stepmother Stepfather Guardian

Please indicate who has custody:

- Mother Father
 Shared Guardian

Papers on file with school Yes No

FOR STUDENTS WHO HAVE PARENTS WHO ARE SUBJECT TO ANY COURT-ORDERED VISITATION OR OTHER CUSTODY ARRANGEMENT, BOTH PARENTS MUST COMPLETE AND SIGN THE FOLLOWING:

I _____ give Ladywood High School permission to give/send my daughter's father the same material/mailings/emails etc. as I receive. He may also pick her up from school and attend any Ladywood functions with her.
Mother's signature: _____ **Date:** _____

I _____ give Ladywood High School permission to give/send my daughter's mother the same material/mailings/emails etc. as I receive. She may also pick her up from school and attend any Ladywood functions with her.
Father's signature: _____ **Date:** _____

EMERGENCY MEDICAL TREATMENT RELEASE (to be completed by parent or guardian)

As parent/guardian, I do hereby authorize the treatment of my child _____ by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger the child's life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

MOTHER/GUARDIAN _____ HOME/CELL PHONE _____ WORK PHONE _____

FATHER/GUARDIAN _____ HOME/CELL PHONE _____ WORK PHONE _____

 FAMILY PHYSICIAN (PLEASE PRINT) PHONE ADDRESS

List Allergies, medication, or other pertinent information: _____

EMERGENCY CONTACT other than Parent/Guardian who will assume care of your child if you cannot be reached _____
 NAME

ADDRESS CITY STATE ZIP PHONE RELATIONSHIP

Health Insurance Company: _____ Policy# _____ Group# _____ Contract # _____

Do you have a **mother** or **grandmother** who graduated from Ladywood High School? Yes No (If so, please list their name(s))

Name (First & Last)	Maiden Name	Graduating Year	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Do you have a **sibling** attending Ladywood High School for the 2016-17 school year? Yes No
 (List name(s) of applicant's siblings)

Name	Age	Grade
_____	_____	_____
_____	_____	_____

Ladywood would like your permission to share names, photos and videos of students that attend Ladywood as well as include them in marketing information and press releases. (I.e. yearbook, sports photos, Mocon Memos, Admissions brochure photos, social media).

- Yes, you have our permission to use our daughter's name and photograph.
- No, you do not have permission to use our daughter's name and photograph.

Parent/Guardian Signature: _____

Date: _____

Office Use: App. received: _____

<input type="checkbox"/> Tuition Agreement	<input type="checkbox"/> Technology
<input type="checkbox"/> Registration	<input type="checkbox"/> Graduation
<input type="checkbox"/> General	

Ck # _____
 Registered: _____