CLASS REGISTRATION FORM

Institution/School Name: _____ Class/Grade Level: _____

Student Information:

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Student ID Number: _____

Address: _____

Phone Number: _____

Email Address: _____

Parent/Guardian Information:

Full Name: _____

Relationship to Student: _____

Phone Number: _____

Email Address: _____

Emergency Contact Information:

Full Name: _____

Relationship: _____

Phone Number: _____

Class Schedule:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Medical Information and Consent:

Please list any allergies, medical conditions, medications, or special instructions for the student. In case of emergency, I authorize school personnel to seek medical treatment for my child if I cannot be reached.

Media Release:

I grant permission for my child's photographs, videos, or work to be used by the school in promotional or educational materials.

Terms and Conditions:

By signing below, I acknowledge and agree that all information provided is accurate and complete. I understand the policies and procedures of the institution and agree to abide by them. I release the institution, its employees, and agents

from any liability in case of accident or injury during participation in school activities to the extent permitted by law.

Signature and Authorization:

Parent/Guardian Signature	**Student Signature**
Signature: _____	Signature: _____