



IASA ADMISSION & REGISTRATION FORM
School Year 2016- 2017

• **Student Information:**

Current Date: _____

First Name: _____ Last Name: _____ Middle Name: _____

Grade: _____ Birth Date: _____ Age: _____

_____ New Student

_____ Returning Student (Update information below)

• **Parents or Guardians Information:**

Father's First Name: _____ **Father's** Last Name: _____

Home Phone: _____ Cell/Pager: _____ Email: _____

Mother's First Name: _____ **Mother's** Last Name: _____

Home Phone: _____ Cell/Pager: _____ Email: _____

Street/Mailing Address: _____

City: _____ State: _____ Postal Code: _____

• **Emergency Contact:** (In case the school is unable to contact a parent or a guardian)

Name: _____ Relationship: _____

Home Phone: _____ Work/Cell Phone: _____

Street Address: _____

• **Medical Information:**

Doctor: _____ Clinic/Hospital: _____

Clinic/Doctor's Phone: _____ Hospital's Phone: _____

• **Authorized Individuals To Pick Up Your Child:**

Name: _____

Relationship: _____

Notes: _____

((Office Use Only)): Date received registration form: _____

***Registration will not be complete until all enrollment forms and records are completed.**