



PASSWORD _____

___ Fall Registration ___ After School Registration ___ Summer Camp Registration

Date of Enrollment _____

Last Name _____ First Name _____ Age _____

Address _____

Home # _____ D.O.B _____ Grade _____

Gender: ___ Male ___ Female

Mother's Name _____ Email Address: _____

Address _____

Home #() _____ Work#() _____ Cellular#() _____

Father's Name _____

Address _____

Home #() _____ Work#() _____ Cellular# () _____

Emergency Contact _____ Phone #() _____

Emergency Contact _____ Phone #() _____

Emergency Contact _____ Phone #() _____

Please list any allergies (animals, food, etc.) _____

Are there any medical conditions that will limit participation in athletic activities? ___yes ___no

If yes, please explain _____

Upon signing this application I agree to adhere and comply with the rules and regulations of School of Excellence.

Parent Signature _____ Date _____

Official use only

Registration Received: ___yes ___no By: _____

Amount Paid: \$ _____ Balance: \$ _____ Cash

___ Check ___ Money Order