



## STUDENT REGISTRATION FORM

|                            |   |                      |                       |           |       |               |
|----------------------------|---|----------------------|-----------------------|-----------|-------|---------------|
| <b>STUDENT INFORMATION</b> | Student's Last Name   | First Name           | Middle Name           | Sex (M/F) | Grade | Date of Birth |
|                            | <b>MAILING ADDRESS</b> (If using a P.O. box, please provide a home address below) |                      |                       |           |       |               |
|                            | Number  | Street Name/P.O. Box |                       | City      | State | Zip Code      |
|                            | <b>HOME ADDRESS</b> (If different from mailing)                                   |                      |                       |           |       |               |
|                            | Number  | Street Name/P.O. Box |                       | City      | State | Zip Code      |
|                            | <b>PHONE</b>  | Home:<br>( )         | Cell: o Mother<br>( ) | o Father  |       | Email:        |

| LAST SCHOOL ATTENDED |      |       |              |            |            |
|----------------------|------|-------|--------------|------------|------------|
| School Name          | City | State | Date Started | Date Ended | Last Grade |
|                      |      |       |              |            |            |

|                                     |                   |
|-------------------------------------|-------------------|
| Birth Place (City/State):           | Home Language(s): |
| Student's Hobbies:                  |                   |
| Educational Strengths/Deficiencies: |                   |

|  |            |                |             |                                      |                |
|--|------------|----------------|-------------|--------------------------------------|----------------|
| Father/ Guardian's Last Name   | First Name | M. I.          | Relation    | Employer                             | Business Phone |
|  |            |                | Parent? Y/N |                                      | ( )            |
| Highest Degree Earned:<br>o High School Diploma   o Associate's<br>o Bachelor's   o Master's   o Doctorate |            | Yearly Income: |             | Tax Return Attached?<br>o Yes   o No |                |

|  |            |                |             |                                      |                |
|--|------------|----------------|-------------|--------------------------------------|----------------|
| Mother/Guardian's Last Name  | First Name | M. I.          | Relation    | Employer                             | Business Phone |
|  |            |                | Parent? Y/N |                                      | ( )            |
| Highest Degree Earned:<br>o High School Diploma   o Associate's<br>o Bachelor's   o Master's   o Doctorate |            | Yearly Income: |             | Tax Return Attached?<br>o Yes   o No |                |

|                 |   |                      |             |                      |
|-----------------|---|----------------------|-------------|----------------------|
| <b>SIBLINGS</b> | Names and ages of brothers/sisters. Please indicate if last name is different from the above student. |                      |             |                      |
|                 | <b>Name</b>   | <b>Date of Birth</b> | <b>Name</b> | <b>Date of Birth</b> |
|                 |   |                      |             |                      |
|                 |   |                      |             |                      |
|                 |   |                      |             |                      |



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|  |  |                |            |
|--|--|----------------|------------|
| <b>MEDICAL EMERGENCY</b>                           | <b>1<sup>ST</sup> EMERGENCY CONTACT</b> (Other than Parent/Guardian where student resides). This person has permission to pick up my child |                |            |
|  | Name   | Business Phone | Home Phone |
|  | Relationship   | ( )            | ( )        |
|  | <b>2<sup>ND</sup> EMERGENCY CONTACT</b> (Other than Parent/Guardian where student resides). This person has permission to pick up my child |                |            |
|  | Name   | Business Phone | Home Phone |
|  | Relationship   | ( )            | ( )        |
|  | <b>PHYSICIAN TO CONTACT</b>  |                |            |
|  | Name   | Business Phone | City/State |
|  |  | ( )            |            |
|  | <b>MEDICAL ALERT/ALLERGIES</b>   |                |            |
| Describe problem/Chronic Condition/Severe Allergy: |  |                |            |

I authorize UMA and its employees to secure the services of a physician or hospital, or to incur expenses for emergency services in the event of an accident or illness, and I will provide payment for these services. I understand that every reasonable effort will be made to reach parent(s) as soon as possible.

**DO YOU AGREE WITH THE ABOVE STATEMENT?**       Yes     No

**Please sign below. The signature will verify and authorize all information contained in this registration form.**

\_\_\_\_\_  
*Signature of Parent/Guardian or eligible student*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent/Guardian or eligible student*

\_\_\_\_\_  
*Date*