

2012-2013 STUDENT REGISTRATION FORM

Please select one: Primary School Junior-K Dual Immersion Kindergarten Half day Kindergarten Secondary School

Last Name _____ First _____ Middle _____ Preferred Name _____ Female Male

Street _____ City _____ State _____ Zip Code _____

Date of Birth _____ Previous Language exposure? _____ If yes, how long? _____ Where: _____

Eye Color _____ Hair Color _____ Sex _____

FAMILY INFORMATION

Parent 1 (Check) Father Mother Stepparent Guardian

Last Name _____ First _____ Middle _____

Occupation _____ Title _____ Business Phone _____ Home Phone/Cell Phone _____

Employer _____ Address _____ EMAIL _____

Parent 2 (Check) Father Mother Stepparent Guardian

Last Name _____ First _____ Middle _____

Occupation _____ Title _____ Business Phone /Cell phone _____

Employer _____ Address _____ EMAIL _____

If parents are separated or divorced, address of noncustodial parent: Father Mother

Street _____ City _____ State _____ Zip Code _____ Phone _____

PHOTO PERMISSION: May we have permission to take photos of your child for marketing purposes? YES NO

SPECIAL MEDICAL CONDITIONS OR OTHER PERTINENT INFORMATION: (A complete medical form will be needed by first day of class.)

Su Escuela Language Academy Admits students of any race, color, national and ethnic origin to all rights privileges, programs and activities generally made available to all students at the school. Su Escuela does not discriminate on the basis of race, color, national and ethnic origin in the administration of this educational policies and programs. Su Escuela will attempt to accept students with learning differences. Certain accommodations will be implemented if acceptable documentation is provided. Please contact the Director for more information.

PARENT SIGNATURE

DATE