



# Ra Messu-t School Registration Form

Please print and return to Executive Director.  
This form must be completed for all new students at Ra Messu-t.  
\$50 nonrefundable registration fee due at time of registration.

## Student Information

Student Legal Name	Gender	Date of Birth		
First Name _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	YYYY	MM	DD
Last Name _____	Age: _____			
Middle Name _____	Address: _____			
Phone Number _____	City _____	State _____	Zip Code _____	

## SCHOOL INFORMATION (If applicable, please fill out the following if transferring from another school)

Name of last school attended	Grade Entering	Grade Completed	
Reason for leaving last school _____			
Was the student suspended or expelled from last school? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide details of circumstances that led to suspension. _____	
Address of last school	City	State	Zip code
Principle's Name	Phone Number of last school	Fax Number of Last School	

## Medical Information

Does your child have any life threatening medical or physical conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give a brief description _____	
Does your child have any medical or physical conditions that may affect his/her attendance at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give brief description _____	
Does your child need medication at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give brief description _____	
Does your child have any other diagnosed medical or mental conditions we need to be aware?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give brief description _____	

Ra Messu-t Academy of Higher Learning

P.O. BOX 19705 • CHICAGO, IL 60619 • 773-675-4452 • <http://www.ramessut.org>

## Parent/Guardian Information

Please provide a minimum of **TWO** emergency contacts.

<b>1</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother	<input type="checkbox"/> Father <input type="checkbox"/> Stepfather	<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____
<input type="checkbox"/> Sole Custody <input type="checkbox"/> Joint Custody/Shared/Guardian <input type="checkbox"/> Married			
Is this person Emergency contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Name:		First Name:	
Address:			
City		State	Zip code
Home Phone Number		Business Phone Number	
Cellular Phone Number		Other	
Email Address:			

<b>2</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother	<input type="checkbox"/> Father <input type="checkbox"/> Stepfather	<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____
<input type="checkbox"/> Sole Custody <input type="checkbox"/> Joint Custody/Shared/Guardian <input type="checkbox"/> Married			
Is this person Emergency contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Name:		First Name:	
Address:			
City		State	Zip code
Home Phone Number		Business /Work Phone Number	
Cellular Phone Number		Other	
Email Address:			

<b>3</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother	<input type="checkbox"/> Father <input type="checkbox"/> Stepfather	<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____
<input type="checkbox"/> Sole Custody <input type="checkbox"/> Joint Custody/Shared/Guardian <input type="checkbox"/> Married			
Is this person Emergency contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Name:		First Name:	
Address:			
City		State	Zip code
Home Phone Number		Business/Work Phone Number	
Cellular Phone Number		Other	
Email Address:			

<b>4</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother	<input type="checkbox"/> Father <input type="checkbox"/> Stepfather	<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____
<input type="checkbox"/> Sole Custody <input type="checkbox"/> Joint Custody/Shared/Guardian <input type="checkbox"/> Married			
Is this person Emergency contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Name:		First Name:	
Address:			
City		State	Zip Code
Home Phone Number		Business/Work Phone Number	
Cellular Phone Number		Other	
Email Address:			

## Custody or Guardianship Information

Student PRIMARILY lives with: \_\_\_\_\_  
e.g. Mother, Father, Legal Guardian, Both parents, Stepfather (specify)

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### Office Use Only

<b>Student Name:</b>			<b>I.O.</b>		<b>Changing Into</b>		<b>Lines</b>
			<b>Nut</b>	<b>Geb</b>	<b>Nut</b>	<b>Geb</b>	
<b>Date Completed</b>							
<b>YYYY</b>	<b>MM</b>	<b>DD</b>	<b>Attending Ra Messu-t</b>		<b>Changing Into</b>		<b>Lines</b>
			<b>Nut</b>	<b>Geb</b>	<b>Nut</b>	<b>Geb</b>	
<b>Success in Learning at Ra Messu-t</b>			<b>Changing Into</b>		<b>Lines</b>		<b>Copies Received of:</b>
<b>Nut</b>		<b>Geb</b>	<b>Nut</b>	<b>Geb</b>			<input type="checkbox"/> Birth Certificate
<b>1<sup>st</sup> Parent Name:</b>			<b>I.O.</b>		<b>Changing Into</b>		<b>Lines</b>
			<b>Nut</b>	<b>Geb</b>	<b>Nut</b>	<b>Geb</b>	
<b>2<sup>nd</sup> Parent Name:</b>			<b>I.O.</b>		<b>Changing Into</b>		<b>Lines</b>
			<b>Nut</b>	<b>Geb</b>	<b>Nut</b>	<b>Geb</b>	