



# 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.  
 \$100 nonrefundable registration fee due at time of registration.

## Student Information

Student Legal Name		Gender		Date of Birth		
First Name _____	Last Name _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	YYYY	MM	DD	
Middle Name _____			Age:			
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?  Yes  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?  Yes  No  
 If yes, please give brief description \_\_\_\_\_

Does your child need medication at school?  Yes  No  
 If yes, please give brief description \_\_\_\_\_

Does your child have any other diagnosed medical or mental conditions we need to be aware of?  Yes  No  
 If yes, please give brief description \_\_\_\_\_

# Parent/Guardian Information

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

<b>1</b>	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Legal Guardian
	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<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"/> Father	<input type="checkbox"/> Legal Guardian
	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<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"/> Father	<input type="checkbox"/> Legal Guardian
	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<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"/> Father	<input type="checkbox"/> Legal Guardian
	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<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)

