

# ROBERTSON CHARTER SCHOOL

## REGISTRATION

Date \_\_\_\_\_

School Year \_\_\_\_\_ 3k / 4k AM / PM

Student's Name  
(As seen on Birth Certificate)

\_\_\_\_\_

Last First Middle

Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Street Apt # Zip

Name of Parent or Guardian Last (if different)      First	Home Phone	Work Phone	Cell Phone

Race \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

(office use only)  
INSURANCE \_\_\_\_\_ LUNCH FORM \_\_\_\_\_ PARENT CONTRACT \_\_\_\_\_ BUS \_\_\_\_\_ OVER

Name of children living in the home Last (if different)      First	Date of Birth Mo/Da/Year	If attending another school please indicate

Please help us contact you by listing any telephone, cell phone or pager numbers we may use to reach you. If any contact information changes please let us know.  
(If you have multiple children and have listed them above you only have to list contact information on one registration form.)

Name	Relationship	Phone	Phone

Please list the people who have permission to pick up in case of emergency \_\_\_\_\_

Signature of person giving information \_\_\_\_\_

Is any other language spoken in the home? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the student have any allergies? Yes / No \_\_\_\_\_ Or take any daily meds? Yes / No \_\_\_\_\_

To? \_\_\_\_\_ Meds: \_\_\_\_\_