



### School Registration Form

#### Student Information:

<b>Name:</b>			
<b>(F)</b> Samantha	<b>(M)</b> J	<b>(L)</b> Smith	
<b>Gender:</b> F	<b>DOB:</b> 5/25/1990	<b>Nickname:</b> Sam	<b>Grade:</b> 9

#### Please list any siblings currently enrolled in the district:

Name(s):	Phone:	Same Address?

#### Contact Information (Contacts will be called in the order listed below):

<b>Contact #1 Name(s):</b> Marion Smith		<b>Relationship:</b> Mother	
<b>Language spoken at Home:</b> English		<b>Guardian:</b> Yes	
		<b>Living With:</b> Yes	
<b>Home Phone(s):</b> (610)555-5309      (610)555-7998 (cell)		<b>Address:</b> <b>Mail:</b> Yes	
<b>Work Phone(s):</b> (610)555-8788		555 Ferry St. Bethlehem, PA 18018	
<b>Employer Name:</b> Rite-Aid Pharmacy		<b>Email:</b>	

<b>Contact #2 Name(s):</b> Fred Smith		<b>Relationship:</b> Father	
<b>Language spoken at Home:</b> English		<b>Guardian:</b> Yes	
		<b>Living With:</b> No	
<b>Home Phone(s):</b> (610)555-9201		<b>Address:</b> <b>Mail:</b> Yes	
<b>Work Phone(s):</b> (610)555-4777		1120 Olympia Way Alburtis, PA 18001	
<b>Employer Name:</b> Smith Plumbing		<b>Email:</b>	

#### Emergency Info:

<b>Name :</b> Casey Lawson	<b>Rel:</b> Grandmother	<b>Phone:</b> (610)555-3340
<b>Name:</b> Carol Smith	<b>Rel:</b> Grandmother	<b>Phone:</b> (610)555-0202
<b>Doctor:</b> Dr. Ronston	<b>Hospital:</b> General	<b>Phone:</b> (610)555-1000
<b>Medical Alerts:</b> Bee sting allergy	<b>Disabilities:</b>	

#### Personal Information:

<b>Social Security No:</b> 555-46-5555	<b>Ethnicity:</b> Caucasian
<b>Comments:</b> Do not release to anyone but mother or father	

#### Office Use Only:

<b>Homeroom:</b> 101	<b>Team:</b> Gold
<b>Counselor:</b> Kombe	<b>District of Residence:</b>



### School Registration Form

#### Student Information:

<b>Name:</b>			
<b>(F)</b> Joshua	<b>(M)</b> B	<b>(L)</b> Brookheimer	
<b>Gender:</b> M	<b>DOB:</b> 7/21/1988	<b>Nickname:</b>	<b>Grade:</b> 11

#### Please list any siblings currently enrolled in the district:

<b>Name(s):</b> Melody Brookheimer	<b>Phone:</b> 610-555-6755	<b>Same Address?</b> Yes
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#### Contact Information (Contacts will be called in the order listed below):

<b>Contact #1 Name(s):</b>		<b>Relationship:</b>	
<b>Language spoken at Home:</b>		<b>Guardian:</b>	
<b>Home Phone(s):</b>		<b>Address:</b>	<b>Mail:</b>
<b>Work Phone(s):</b>			
<b>Employer Name:</b>		<b>Email:</b>	

<b>Contact #2 Name(s):</b>		<b>Relationship:</b>	
<b>Language spoken at Home:</b>		<b>Guardian:</b>	
<b>Home Phone(s):</b>		<b>Address:</b>	<b>Mail:</b>
<b>Work Phone(s):</b>			
<b>Employer Name:</b>		<b>Email:</b>	

#### Emergency Info:

<b>Name :</b>	<b>Rel:</b>	<b>Phone:</b>
<b>Name:</b>	<b>Rel:</b>	<b>Phone:</b>
<b>Doctor:</b>	<b>Hospital:</b>	<b>Phone:</b>
<b>Medical Alerts:</b>	<b>Disabilities:</b>	

#### Personal Information:

<b>Social Security No:</b> 555-90-9999	<b>Ethnicity:</b> Caucasian
<b>Comments:</b>	

#### Office Use Only:

<b>Homeroom:</b> 102	<b>Team:</b> Red
<b>Counselor:</b> Kombe	<b>District of Residence:</b>



### School Registration Form

#### Student Information:

<b>Name:</b>			
(F) Shana	(M) T	(L) Detweiler	
<b>Gender:</b> F	<b>DOB:</b> 3/1/1987	<b>Nickname:</b>	<b>Grade:</b> 12

#### Please list any siblings currently enrolled in the district:

<b>Name(s):</b>	<b>Phone:</b>	<b>Same Address?</b>

#### Contact Information (Contacts will be called in the order listed below):

<b>Contact #1 Name(s):</b> Andrew & Jane Detweiler		<b>Relationship:</b> Parents	
<b>Language spoken at Home:</b> English		<b>Guardian:</b> Yes	
		<b>Living With:</b> Yes	
<b>Home Phone(s):</b> (610)555-8872      (610)555-1567 (cell)		<b>Address:</b> <b>Mail:</b> Yes	
<b>Work Phone(s):</b> (610)555-1108		645 Kensington Street Bethlehem, PA 18018	
<b>Employer Name:</b> Prints R Us		<b>Email:</b>	

<b>Contact #2 Name(s):</b>		<b>Relationship:</b>	
<b>Language spoken at Home:</b>		<b>Guardian:</b>	
		<b>Living With:</b>	
<b>Home Phone(s):</b>		<b>Address:</b> <b>Mail:</b>	
<b>Work Phone(s):</b>			
<b>Employer Name:</b>		<b>Email:</b>	

#### Emergency Info:

<b>Name :</b> Ali Peet	<b>Rel:</b> Grandmother	<b>Phone:</b> (610)555-9192
<b>Name:</b>	<b>Rel:</b>	<b>Phone:</b>
<b>Doctor:</b> Dr. Ronston	<b>Hospital:</b> General	<b>Phone:</b> (610)555-1000
<b>Medical Alerts:</b>	<b>Disabilities:</b>	

#### Personal Information:

<b>Social Security No:</b> 555-11-2222	<b>Ethnicity:</b> African American
<b>Comments:</b>	

#### Office Use Only:

<b>Homeroom:</b> 103	<b>Team:</b> White
<b>Counselor:</b> Harold	<b>District of Residence:</b>



### School Registration Form

**Student Information:**

<b>Name:</b>			
<b>(F)</b> Trevor	<b>(M)</b> W	<b>(L)</b> Harris	
<b>Gender:</b> M	<b>DOB:</b> 9/26/1989	<b>Nickname:</b>	<b>Grade:</b> 10

**Please list any siblings currently enrolled in the district:**

<b>Name(s):</b>	<b>Phone:</b>	<b>Same Address?</b>

**Contact Information (Contacts will be called in the order listed below):**

<b>Contact #1 Name(s):</b> William McMullen		<b>Relationship:</b> Foster
<b>Language spoken at Home:</b> English		<b>Guardian:</b>
		<b>Living With:</b> Yes
<b>Home Phone(s):</b> (610)555-4788	<b>Address:</b>	<b>Mail:</b> Yes
<b>Work Phone(s):</b>	5 North Star St. Bethlehem, PA 18018	
<b>Employer Name:</b> Rite-Aid Pharmacy	<b>Email:</b>	

<b>Contact #2 Name(s):</b> Patty Smith		<b>Relationship:</b> Mother
<b>Language spoken at Home:</b> English		<b>Guardian:</b> No
		<b>Living With:</b> No
<b>Home Phone(s):</b> (610)555-1572	<b>Address:</b>	<b>Mail:</b> No
<b>Work Phone(s):</b> (610)555-0807	11 Broad St Bethlehem, PA 18018	
<b>Employer Name:</b> None	<b>Email:</b>	

**Emergency Info:**

<b>Name :</b> Millie Parson	<b>Rel:</b> Grandmother	<b>Phone:</b> (610)555-1002
<b>Name:</b>	<b>Rel:</b>	<b>Phone:</b>
<b>Doctor:</b> Dr. Ronston	<b>Hospital:</b> General	<b>Phone:</b> (610)555-1000
<b>Medical Alerts:</b>	<b>Disabilities:</b> Deaf	

**Personal Information:**

<b>Social Security No:</b>	<b>Ethnicity:</b> Caucasian
<b>Comments:</b> Mother may not pick up	

**Office Use Only:**

<b>Homeroom:</b> 204	<b>Team:</b>
<b>Counselor:</b> Kombe	<b>District of Residence:</b>



### School Registration Form

**Student Information:**

<b>Name:</b>			
<b>(F)</b> Ronald	<b>(M)</b> Alan	<b>(L)</b> Williams	
<b>Gender:</b> M	<b>DOB:</b> 8/1/1987	<b>Nickname:</b> Gus	<b>Grade:</b> 12

**Please list any siblings currently enrolled in the district:**

<b>Name(s):</b>	<b>Phone:</b>	<b>Same Address?</b>

**Contact Information (Contacts will be called in the order listed below):**

<b>Contact #1 Name(s):</b> Mike Williams		<b>Relationship:</b> Father	
<b>Language spoken at Home:</b> English		<b>Guardian:</b> Yes	
<b>Home Phone(s):</b> (610)555-9288      (610)555-4090 (pager)		<b>Living With:</b> Yes	
<b>Work Phone(s):</b> (610)555-4001		<b>Address:</b> <b>Mail:</b> Yes	
1800 Mills Ave Allentown, PA 18016			
<b>Employer Name:</b> Parts Auto Store		<b>Email:</b>	

<b>Contact #2 Name(s):</b> Olivia Martinez		<b>Relationship:</b> Mother	
<b>Language spoken at Home:</b> Spanish		<b>Guardian:</b> No	
<b>Home Phone(s):</b> (610)555-0022		<b>Living With:</b> No	
<b>Work Phone(s):</b>		<b>Address:</b> <b>Mail:</b> No	
<b>Employer Name:</b>		<b>Email:</b>	

**Emergency Info:**

<b>Name :</b>	<b>Rel:</b>	<b>Phone:</b>
<b>Name :</b>	<b>Rel:</b>	<b>Phone:</b>
<b>Doctor:</b>	<b>Hospital:</b>	<b>Phone:</b>
<b>Medical Alerts:</b>	<b>Disabilities:</b>	

**Personal Information:**

<b>Social Security No:</b>	<b>Ethnicity:</b> Hispanic
<b>Comments:</b>	

**Office Use Only:**

<b>Homeroom:</b> 201	<b>Team:</b> Red
<b>Counselor:</b> Kombe	<b>District of Residence:</b>