



School Registration Form

Student Information:

Name:			
(F) Samantha	(M) J	(L) Dawson	
Gender: F	DOB: 07/01/1990	Nickname: Sam	Grade: 9

Please list any siblings currently enrolled in the district:

Name(s):	Phone:	Same Address?
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Address Information:

Address #1: 555 Ferry St. Bethlehem, PA 18018	Mail: Yes	Address #2:	Mail:
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Contact Information (Contacts will be called in the order listed below):

Contact #1 Name(s): Marion Dawson		Relationship: Mother
Language spoken at Home: English		Guardian: Yes
Home Phone(s): (610)555-5309 (610)555-7998 (cell)		Living With: Yes
Work Phone(s): (610)555-8788		Employer Name: Rite-Aid Pharmacy
		Email:

Contact #2 Name(s): Fred Dawson		Relationship: Father
Language spoken at Home: English		Guardian: Yes
Home Phone(s): (610)555-9201		Living With: No
Work Phone(s): (610)555-4777		Employer Name: Dawson Plumbing
		Email:

Emergency Info:

Name : Casey Lawton	Rel: Grandmother	Phone: (610)555-3340
Name: Carol Dawson	Rel: Grandmother	Phone: (610)555-0202

Personal Information:

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

Office Use Only:

Homeroom: 101	Team: Gold
Counselor: Kombe	District of Residence:



School Registration Form

Student Information:

Name:			
(F) Joshua	(M) B	(L) Stone	
Gender: M	DOB: 7/21/1988	Nickname:	Grade: 11

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):

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

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

Emergency Info:

Name :	Rel:	Phone:
Name:	Rel:	Phone:
Doctor:	Hospital:	Phone:
Medical Alerts:	Disabilities:	

Personal Information:

Social Security No: 555-90-9999	Ethnicity: Caucasian
Comments:	

Office Use Only:

Homeroom: 102	Team: Red
Counselor: Kombe	District of Residence:



School Registration Form

Student Information:

Name:			
(F) Shana	(M) T	(L) Kopner	
Gender: F	DOB: 3/1/1987	Nickname:	Grade: 12

Please list any siblings currently enrolled in the district:

Name(s):	Phone:	Same Address?
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Address Information:

Address #1: 645 Kensington Street ,Bethlehem, PA	Mail: Yes	Address #2:	Mail:
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Contact Information (Contacts will be called in the order listed below):

Contact #1 Name(s): Andrew & Jane Kopner		Relationship: Parents
Language spoken at Home: English		Guardian: Yes
Home Phone(s): (610)555-8872 (610)555-1567 (cell)		Living With: Yes
Work Phone(s): (610)555-1108		Employer Name: Prints R Us
		Email:

Contact #2 Name(s):		Relationship:
Language spoken at Home:		Guardian:
Home Phone(s):		Living With:
Work Phone(s):		Employer Name:
		Email:

Emergency Info:

Name : Ali Moss	Rel: Grandmother	Phone: (610)555-9192
Name:	Rel:	Phone:

Personal Information:

Social Security No: 555-11-2222	Ethnicity: African American
Comments:	

Office Use Only:

Homeroom: 103	Team: White
Counselor: Herda	District of Residence:



School Registration Form

Student Information:

Name:			
(F) Trevor	(M) W	(L) Olson	
Gender: M	DOB: 9/26/1989	Nickname:	Grade: 10

Please list any siblings currently enrolled in the district:

Name(s):	Phone:	Same Address?
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Address Information:

Address #1: 5 North Star St, Bethlehem, PA	Mail: Yes	Address #2: 1101 Dawson St, Allentown PA 18001	Mail: No
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Contact Information (Contacts will be called in the order listed below):

Contact #1 Name(s): William McMullen		Relationship: Foster Guardian:
Language spoken at Home: English		Living With: Yes
Home Phone(s): (610)555-4788	Employer Name: Rite-Aid Pharmacy	
Work Phone(s):	Email:	

Contact #2 Name(s):		Relationship:
Language spoken at Home:		Guardian:
Home Phone(s):		Living With:
Work Phone(s):		Employer Name:
		Email:

Emergency Info:

Name : Millie Parson	Rel: Grandmother	Phone: (610)555-1002
Name:	Rel:	Phone:

Personal Information:

Social Security No:	Ethnicity: Caucasian
Comments: Mother may not pick up	

Office Use Only:

Homeroom: 204	Team:
Counselor: Kombe	District of Residence:



School Registration Form

Student Information:

Name:		
(F) Ronald	(M) Alan	(L) Kanter
Gender: M	DOB: 8/1/1987	Nickname: Gus Grade: 12

Please list any siblings currently enrolled in the district:

Name(s):	Phone:	Same Address?
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Address Information:

Address #1: Mail: Yes 1800 Mills Ave, Allentown PA 18016	Address #2: Mail:
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Contact Information (Contacts will be called in the order listed below):

Contact #1 Name(s): Mike Kanter		Relationship: Father
Language spoken at Home: English		Guardian: Yes
Home Phone(s): (610)555-9288 (610)555-4090 (pager)		Living With: Yes
Work Phone(s): (610)555-4001		Employer Name: Parts Auto Store
		Email:

Contact #2 Name(s): Olivia Abner		Relationship: Mother
Language spoken at Home: Spanish		Guardian: No
Home Phone(s): (610)555-0022		Living With: No
Work Phone(s):		

Emergency Info:

Name :	Rel:	Phone:
Name :	Rel:	Phone:

Personal Information:

Social Security No:	Ethnicity: Hispanic
Comments:	

Office Use Only:

Homeroom: 201	Team: Red
Counselor: Kombe	District of Residence: