



STUDENT REGISTRATION FORM

2023-2024 SCHOOL YEAR

FIRST NAME		MIDDLE NAME	LAST NAME	
PREFERRED NAME		GENDER	ETHNICITY	
		M	F	
BIRTH DATE	BIRTH PLACE		SOCIAL SECURITY #	
PRIMARY LANGUAGE:	FAMILY RELIGION		LOCAL CHURCH MEMBERSHIP:	
Name of siblings attending NBS:			Email Address:	

PARENT/GUARDIAN INFORMATION				
FIRST NAME	LAST NAME	Circle all that apply	MOTHER	FATHER
		LEGAL GUARDIAN	CUSTODIAL PARENT	
STREET ADDRESS		CITY, STATE ZIP CODE		
Cellphone #	Email			
Employer				Work #

PARENT/GUARDIAN INFORMATION				
FIRST NAME	LAST NAME	Circle all that apply	MOTHER	FATHER
		LEGAL GUARDIAN	CUSTODIAL PARENT	
STREET ADDRESS		CITY, STATE ZIP CODE		
Cellphone#	Email			
Employer				Work #

Emergency Contacts- Persons to call if parents can not be reached and/or persons children may be released to

INITIAL ONE OR BOTH:

Name	Phone Number	Relationship	Emergency	Release to

O F F I C E	(CIRCLE ONE)	Pre K- 2	Pre K- 3		Pre K- 4			DATE	O F F I C E	
	ENROLLING IN CLASS:	KINDER	1ST	2ND	3RD	4TH	5TH			
	EXTENDED CARE:	Early Birds	Afternoon 12:00-5:30pm		Afternoon 3:00-5:30pm		Paid in:			
					Full 9 months	Half 10 months				
	Birth Certificate	Y	N	Social Security Card	Y	N	Updated Shot Record	Y	N	<u>Initials</u>

STUDENT INFORMATION

Is your child allergic to any kind of insect stings?	Explanation:	Desired action:
Does your child have any other allergies? Food, etc.	Explanation:	Desired action:
Does your child have any significant fears of specific things or situations?	Explanation:	Desired action:
Has your child ever had a serious illness or other medical concerns?		
Does your child have any emotional or physical handicaps?		
Is your child in good health now?		
Please add any additional information you feel might help us better care for and teach your child.		
What is your reason for choosing Northside?		
How did you learn about Northside Baptist School?		

Parental Permission Information	Initial One	
	YES	NO
I hereby give permission to Northside Baptist School for my child to participate in water activities such as wading pools, swimming pools, and sprinklers.		
I hereby give permission to Northside Baptist School for my child to use the internet at NBS during computer class or other school related projects.		
I hereby give NBS permission to video tape or take pictures of my child for use on public advertising or announcements; such as newspaper, television and internet.		
I give permission for NBS to take video or pictures of my child and use on the school Facebook page and website.		
I give consent for Northside Baptist School to secure any and all necessary emergency medical care for my child.		

By signing this registration form I verify that the above information reported is complete and accurate.

Printed Name

Signature

Date