

"RELEASING THE GENIUS" AFTER SCHOOL TUTORING STUDENT REGISTRATION FORM 2022-2023 SCHOOL YEAR





Please print legibly and complete all information: Due September 16, 2022

STUDENT'S NAI	WE AS II AP	FLANS ON II		LIVIII IOAIL		
Last Name	F	First Name		Middle Name	e Suffix	
Grade	Male	Female	:			
Student's Physical	Address					
,	Stre	eet	City	State	Zip Code	
Student's Mailing A	Address					
(If different from phys	sical address) S	treet	City	State	Zip Code	
Date of Birth		Soc	cial Security N	umber (Last Fo	ur)	
PARENT/LEGAL GUARDIAN INFORMATION						
PARENT/LEGAL GUARDIAN INFORMATION Parent/Guardian 1:						
		Paren	WGuarulan 1.	•		
Last Name						
Last Name	ıdent:				Yes No	
Last Name		F	First Name e person a lega	al guardian?		
Does this person li	ve in the same	F	First Name e person a lega	al guardian?		
	ve in the same	Is the household as	First Name e person a legathe student?	al guardian? Yes I		
Does this person li Mailing Address	ve in the same	Is the household as	First Namee person a legathe student?	al guardian? Yes I Zip Code	No	
Does this person li Mailing Address	ve in the same	Is the household as	First Namee person a legathe student?	al guardian? Yes I Zip Code	No	
Does this person li	ve in the same	Is the household as	First Namee person a legathe student? State Cell Phon Work Pho	al guardian? Yes I Zip Code	No	
Does this person li Mailing Address Home Phone # Employer:	ve in the same	Is the household as	First Namee person a legathe student? State Cell Phon Work Pho	al guardian? Yes I Zip Code e # ne #	No	
Does this person li Mailing Address Home Phone # Employer: Email Address	ve in the same	Is the household as City	First Namee person a legathe student? State Cell Phon Work Pho	al guardian? Yes I Zip Code e # ne #	No	
Does this person li Mailing Address Home Phone # Employer: Email Address	ve in the same	Is the household as City	First Namee person a legathe student? State Cell Phon Work Pho	al guardian? Yes I Zip Code e # ne #	No	
Does this person li Mailing Address Home Phone # Employer:	ve in the same Street	City Paren Is the	State Cell Phon Work Pho at/Guardian 2: First Name person a lega	al guardian? Yes I Zip Code e # ne #	Yes No	
Does this person li Mailing Address Home Phone # Employer: Email Address Last Name Relationship to Stu Does this person li	Street Ident: ve in the same	Paren Is the property of the	State Cell Phon Work Pho at/Guardian 2: First Name person a lega	al guardian? Yes I Zip Code e # ne #	Yes No	
Does this person li Mailing Address Home Phone # Employer: Email Address Last Name Relationship to Stu	Street Ident: ve in the same	Paren Is the property of the	State Cell Phon Work Pho ot/Guardian 2: First Name person a legathe student?	al guardian? Yes I Zip Code e # ne #	Yes No	
Does this person li Mailing Address Home Phone # Employer: Email Address Last Name Relationship to Stu Does this person li Mailing Address Home Phone #	Street Ident: ve in the same	Paren Is the Paren City City City City City City City City	State Cell Phon Work Pho t/Guardian 2: First Name person a legathe student? State Cell Phon State Cell Phon Cell Phon	zip Code e #Yes! Zip Code e # al guardian? Yes!	Yes No	
Does this person li Mailing Address Home Phone # Employer: Email Address Last Name Relationship to Stu Does this person li	Street Ident: ve in the same	Paren Is the Paren Final Is the Paren Final Is the Paren	State Cell Phon Work Pho t/Guardian 2: First Name person a legathe student? State Cell Phon State Cell Phon Cell Phon	zip Code e #Yes! Zip Code e # al guardian? Yes!	Yes No	

Transportation Requests: Transportation must be requested by September 16, 2022. <u>No requests</u> can be honored after this date.									
Do you need transportation?YesNo									
Same as physical address?YesNo									
If not the same as physical address, enter address below:									
Physical Address	s								
(No PO Boxes)	Street	City	State	Zip Code					
Emergency Contact/Health Information (other than parents): Emergency Contact 1:									
Last Name	ast Name First Name			Relationship to Student					
Physical Address _									
(No PO Boxes)	Street	City	State	Zip Code					
Home Phone #		Cell Phone #		Work #					
Emergency Contact 2:									
Last Name	e First Name		F	Relationship to Student					
Physical Address _ (No PO Boxes)									
(No PO Boxes)	Street	City	State	Zip Code					
Home Phone #		Cell Phone #		Work #					
Names of Person(s) that are permitted to sign your child out and/or pick up your child: (Person Must Show ID)									
	st Name First Name								
Last Name	Fir	st Name	F	Relationship to Student					
Last Name	Fir	st Name	F	Relationship to Student					
Last Name	Fir	st Name	F	Relationship to Student					
Medical Information:									
Physician: Phone									
Does the student have any medical programs, take medications or have a special diet, etc? List any allergies this student may have?									
List any allergies th	is student may h	nave?							

All information above is correct to the best of my knowledge. Additionally, I understand that it is my responsibility to inform the school IMMEDIATELY of any changes.							
Signature of Parent/Legal Guardian	Relationship to Student	Date					
FOR OFFICE USE ONLY:	Grade [.]						
Student Name:							
Teacher Name:							