THE WOODHALL SCHOOL

ACADEMIC YEAR 2016 – 2017

REGISTRATION FORM

REGISTRATION

PLEASE PRINT WITH BLUE OR BLACK INK LEGIBLY.

Student's Legal Name _____
First Middle Last

Nickname _____ Birthdate _____/_____/_____ Social Security # _____ - _____ - _____
MM DD YYYY

Student E-mail _____ Student Cell Phone_____

PARENT/GUARDIAN INFORMATION

Parent's Martial Status ☐ Never Married ☐ Married ☐ Widow ☐ Separated ☐ Divorced

With whom does the student make a permanent home? ☐ Mother ☐ Father ☐ Both ☐ Other: _____

FATHER/ PARENT 1

NAME		
DATE OF BIRTH (MM/DD/YYYY)	SSN	
ADDRESS		
CITY	STATE	ZIP

PRIMARY PHONE
SEONDARY PHONE
EMAIL ADDRESS

OCCUPATION
TITLE
EMPLOYER
WORK ADDRESS

WORK PHONE	WORK FAX
WORK CELL	
WORK EMAIL ADDRESS	

FATHER'S NAME (GRANDFATHER OF STUDENT)
MOTHER'S NAME (GRANDMOTHER OF STUDENT)

IF RE-MARRIED, PLEASE INDICATE INFO ON SPOUSE

NAME

MOTHER/ PARENT 2

NAME		
DATE OF BIRTH (MM/DD/YYYY)	SSN	
ADDRESS		
CITY	STATE	ZIP

PRIMARY PHONE
CELL PHONE
EMAIL ADDRESS

OCCUPATION
TITLE
EMPLOYER
WORK ADDRESS

WORK PHONE	WORK FAX
WORK CELL	
WORK EMAIL ADDRESS	

FATHER'S NAME (GRANDFATHER OF STUDENT)
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