THE WOODHALL SCHOOL

ACADEMIC YEAR 2017 – 2018

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

HOME PHONE	☐**PREFERRED**
CELL PHONE	☐**PREFERRED**
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

HOME PHONE	☐**PREFERRED**
CELL PHONE	☐**PREFERRED**
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