



## Registration

PLEASE PRINT AND BE AS THOROUGH AS POSSIBLE

School Year \_\_\_\_\_

### Student Information

Currently located in what school district? \_\_\_\_\_

Gender  Male  Female U.S. citizen?  Yes  No Grade \_\_\_\_\_

Please check one:  Alaskan  African-American  White/Caucasian  Multi-Racial  Hispanic  
 East Asian/Asian-American  South Asian/Indian American  Pacific Islander  
 Middle Eastern/Arab American  Native American/American Indian

Full name of student \_\_\_\_\_

Date of birth (mm/dd/yyyy) \_\_\_\_\_ Place of birth (city/state) \_\_\_\_\_

Home street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Cellphone \_\_\_\_\_ Child's Email \_\_\_\_\_

### Parent/Guardian Information (where you can be contacted while your child is in this school/program)

Guardian 1 name \_\_\_\_\_ Guardian 2 name \_\_\_\_\_

Address, if different \_\_\_\_\_ Address, if different \_\_\_\_\_

Phone number \_\_\_\_\_ Phone number \_\_\_\_\_

Cell number \_\_\_\_\_ Cell number \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work phone \_\_\_\_\_ Work phone \_\_\_\_\_

**Family Information**

Names of brothers and sisters	Age	School and grade
_____	_____	_____
_____	_____	_____

List any siblings who have attended Ridgewood School \_\_\_\_\_  
\_\_\_\_\_

Paternal grandparents (if living) \_\_\_\_\_

Full address \_\_\_\_\_

Maternal grandparents (if living) \_\_\_\_\_

Full address \_\_\_\_\_

**School History**

List any schools that have been attended by the student (current school first):

Name	Address	Grade(s)
_____	_____	_____
_____	_____	_____

What grades, if any, have been skipped? \_\_\_\_\_ Repeated? \_\_\_\_\_

Please list any extracurricular activities in which the applicant has participated \_\_\_\_\_  
\_\_\_\_\_

**General Information**

List any languages, other than English, that are spoken at home \_\_\_\_\_

Does your child have physical handicaps or allergies that would limit participation in school activities?

Yes  No

Has your child had any serious physical or emotional illness?  Yes  No

Is your child under care of a physician, psychiatrist, or psychologist?  Yes  No

If you answered yes to any of the question above, please provide details \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_