



Yorktown Spanish School

Student Admission & Registration Form

Student Information

Last Name: _____ First Name: _____ Gender: M/F

Address: _____ City: _____ Zip: _____

Birth Date: _____ Age: _____

Parent Information

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Email: _____ Email: _____

Emergency Contact Information (other than parent)

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Relationship to Student: _____ Relationship to Student: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Authorization to Release Information

In addition to the parents listed on this form, I authorize Yorktown Spanish School to allow my child _____, to leave the school with the following people:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Authorization for Emergency Medication Attention:

Physician Name: _____ Phone: _____

Address: _____

Allergies: _____ None:

Are any of the listed allergies severe or life threatening? Yes/No

(An Allergy Emergency Plan must be prepared by a physician and provided to the school before the first day of school for severe/life-threatening allergies.)

Please list additional information about any special needs your child may have that the school should be aware of.

I give consent to Yorktown Spanish School to secure any and all necessary emergency medical care for my child. I authorize the individuals listed on this form under "Authorization to Release" to leave the school with my child. I certify that all the information written above is true to my knowledge.

Print Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____ Date: _____

For School Use:

Date of Admission: _____

School Start Date: _____

Date of Withdrawal: _____