

RRMR STUDENT ENROLLMENT FORM

STUDENT LAST NAME	FIRST NAME	BIRTHDATE	PLACE OF BIRTH	SEX	GRADE	CELL NO.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

IS ENGLISH YOUR PRIMARY LANGUAGE? _____ IF NO, PLEASE LIST PRIMARY LANGUAGE _____

FATHER'S NAME: _____ EMAIL ADDRESS: _____

MOTHER'S NAME: _____ EMAIL ADDRESS: _____

PASSWORD: (TO ACCESS YOUR CHILD'S INFORMATION ON WEBSITE) _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

COUNTY OF RESIDENCE: _____

HOME TELEPHONE: _____

FATHER'S EMPLOYER: _____ PHONE: _____ CELL: _____

MOTHER'S EMPLOYER: _____ PHONE: _____ CELL: _____

EMERGENCY CONTACT: _____ PHONE: _____ RELATIONSHIP: _____

EMERGENCY CONTACT: _____ PHONE: _____ RELATIONSHIP: _____

HEALTH PROBLEM SCHOOL NEEDS TO BE AWARE OF: _____

PHYSICIAN: _____ CITY: _____ PHONE: _____

ENROLLMENT DATE: _____

IF CHILD HAS A PARENT NOT LIVING IN THE SAME HOUSEHOLD, MAY WE CONTACT THAT PARENT IN CASE OF AN EMERGENCY?
PLEASE LIST NAME, ADDRESS, PHONE AND EMAIL.

