

IYC - Student Registration Form

Name of Student:

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	MM	DD	YY
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender	Male	Female
	<input type="text"/>	<input type="text"/>

Grade Completed 19/20 School Year	<input type="text"/>
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Allergies	<input type="text"/>
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Parent Contact Information :

Fathers Name	<input type="text"/>
Fathers Phone	<input type="text"/>
Fathers E-mail Address	<input type="text"/>

Mothers Name	<input type="text"/>
Mothers Phone	<input type="text"/>
Mothers E-Mail Address	<input type="text"/>

In Case of Emergency:

Emergency Contact	<input type="text"/>
Primary Care Physician	<input type="text"/>
Medical Insurance Provider	<input type="text"/>

<input type="text"/>	Registration Fee Paid
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