

# James Brown Academy of Musik Pupils Returning Student Registration Form



I \_\_\_\_\_, parent of the student below, hereby agree to JAMP rules and regulations by the signing and completion of this document.

Date: \_\_\_\_\_

## Student Information:

Student Name \_\_\_\_\_

Last Name

First Name

Middle

(Likes to be called)

Student's E-mail Address \_\_\_\_\_ Gender  Male  Female

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Enrollment or Entering Grade: \_\_\_\_\_ Payment Plan \_\_\_\_\_

## PARENT(S) /GUARDIAN(S):

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Mom's E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Father's E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_ Work Phone \_\_\_\_\_

Is your child currently taking any medication?  Yes  No

Does your child have any allergies?  Yes  No

Please list: \_\_\_\_\_

**EMERGENCY INFORMATION:** In case of an emergency, please contact the following (other than parent). I give my permission for the following persons to pick up my child(ren) from school.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_