

Demonstration Rel Ed

200 Somewhere St.
Somewhere, NY 99999
(888) 888-8888

RE-REGISTRATION FORM 2017 - 2018

FAMILY NAME: Smith
FATHER'S NAME: Robert
FATHER'S WORK No.: _____
FATHER'S CELL No.: (888) 526-8111
MAILING ADDRESS: 5 Daffodil Lane
Somewhere, NY 99999

SALUTATION: Mr. & Mrs. Robert Smith
MOTHER'S NAME: Nadia
MOTHER'S WORK No. _____
MOTHER'S CELL No.: (888) 872-6989
HOME PHONE No.: (888) 489-5635
EMAIL: _____

IN CASE OF EMERGENCY...

CONTACT:

CHILDREN

1 Sally
SEX: F DATE OF BIRTH: 1/ 1/2010
CURRENT GRADE: 1
PUBLIC SCHOOL: 193
PUBLIC SCHOOL GRADE: 1

WILL RE-REGISTER: ☐ WILL NOT RE-REGISTER: ☐

**PLEASE CHECK THE INFORMATION ABOVE FOR ACCURACY.
IF ANYTHING IS INCORRECT OR MISSING, KINDLY CORRECT OR ADD THE INFORMATION REQUIRED.**

ADDITIONAL INFORMATION:

Please specify for each child by name; Learning Disabilities, Physical Handicaps, Allergies, family situations ie recent sickness or death, separation or divorce.

This Re-Registration will not be valid unless it is returned with this signed form, plus any appropriate registration fees.

Signature of Parent or Guardian