JOSEPH FISHER SCHOOL REGISTRATION
2024-2025 SCHOOL YEAR

STUDENT'S FULL NAME:
HOME ADDRESS:
CITY,STATE,ZIP CODE:
CHILD'S BIRTHDATE:
CHILD'S SOCIAL SECURITY NUMBER:
HOME SCHOOL DISTRICT & BUILDING:
SCHOOL GRADE:
FATHER OR GUARDIAN:
FATHER'S ADDRESS:
FATHER'S HOME PHONE:
FATHER'S CELLPHONE #:
FATHER'S E-MAIL ADDRESS:
FATHER'S PLACE OF EMPLOYMENT:
FATHER'S WORK NUMBER:
MOTHER OR GUARDIAN:
MOTHER'S ADDRESS:
MOTHER'S HOME PHONE:
MOTHER'S CELLPHONE #:
MOTHER'S E-MAIL ADDRESS:
MOTHER'S PLACE OF EMPLOYMENT:
MOTHER'S WORK PHONE:
CUSTODY/FOSTER CARE CIRCUMSTANCE:
EMERGENCY CONTACT NAME / RELATIONSHIP TO STUDENT:
EMERGENCY CONTACT PHONE NUMBER:
EMERGENCY CONTACT NAME / RELATIONSHIP TO STUDENT:
EMERGENCY CON TACT PHONE NUMBER:
DOCTOR'S NAME/ADDRESS:
DOCTOR'S PHONE NUMBER:
DOCTOR'S FAX NUMBER:
PREFERRED HOSPITAL:
KNOWN ALLERGIES:
MEDICATIONS:
PSYCHIATRIC DIAGNOSES:
PARENT/GUARDIAN SIGNATURE: