

Live Oak Little School Student Registration Form

Name _____ DOB _____

Address _____

Home Telephone Number _____

Primary Email _____

Mom's Name _____ Mom's Cell _____

Dad's Name _____ Dad's Cell _____

Doctor _____ Doctor's Number _____

Emergency Contact Name _____ Relationship _____

Emergency person's telephone number _____

Family Code Word _____

Health Associated Concerns _____

Allergies _____

Live Oak Little School has permission to seek medical attention for my child.

I have read and understand all policies and procedures stated in the Live Oak Little School Handbook. I will abide by all of the policies stated therein.

Signature

Date