



"RELEASING THE GENIUS"  
AFTER SCHOOL TUTORING  
STUDENT REGISTRATION FORM  
2021-2022 SCHOOL YEAR



**Please print legibly and complete all information**

**STUDENT'S NAME AS IT APPEARS ON THE BIRTH CERTIFICATE**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_

Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Student's Physical Address \_\_\_\_\_  
Street City State Zip Code

Student's Mailing Address \_\_\_\_\_  
(If different from physical address) Street City State Zip Code

Date of Birth \_\_\_\_\_ Social Security Number (Last Four) \_\_\_\_\_

**PARENT/LEGAL GUARDIAN INFORMATION**

**Parent/Guardian 1:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Is the person a legal guardian? \_\_\_ Yes \_\_\_ No

Does this person live in the same household as the student? \_\_\_ Yes \_\_\_ No

Mailing Address \_\_\_\_\_  
Street City State Zip Code

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

**Parent/Guardian 2:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Is the person a legal guardian? \_\_\_ Yes \_\_\_ No

Does this person live in the same household as the student? \_\_\_ Yes \_\_\_ No

Mailing Address \_\_\_\_\_  
Street City State Zip Code

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

**Emergency Contact/Health Information (other than parents):**

**Emergency Contact 1:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Physical Address \_\_\_\_\_  
(No PO Boxes) Street City State Zip Code

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

**Emergency Contact 2:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Physical Address \_\_\_\_\_  
(No PO Boxes) Street City State Zip Code

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

**Names of Person(s) that are permitted to sign your child out and/or pick up your child:**

(Person Must Show ID)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

**Medical Information:**

Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Does the student have any medical programs, take medications or have a special diet, etc?

List any allergies this student may have?

**All information above is correct to the best of my knowledge. Additionally, I understand that it is my responsibility to inform the school IMMEDIATELY of any changes.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

Grade: \_\_\_\_\_

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

Teacher Name: \_\_\_\_\_