

<b>For Office Use Only</b> Date Received:
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**REGISTRATION FORM**  
**2011-12 Academic Year**

Location:  The Phelps Center (Seattle)  The Francia Russell Center (Eastside)

Class Level Placement for 2011-12 \_\_\_\_\_ Class Time Designator (A, B, C, D, E): \_\_\_\_\_

Please indicate with a check mark any information you would like omitted from the School Roster.

**STUDENT INFORMATION**

Last Name:	First Name:
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Birthdate:        /        /	Age:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
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Academic School:	Grade:
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Does your child have any medical, learning, behavioral or other special considerations/circumstances of which the School should be aware? (Please explain):

**PRIMARY CONTACT INFORMATION**

Guardian Last & First Name:	Relationship to Student:
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Address:	City:	State:	Zip:
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Home Phone:	Cell Phone:
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Employer:	Work Phone:	Email:
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Spouse Last & First Name:	Relationship to Student:
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Work Phone:	Cell Phone:
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Employer:	Email:
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**EMERGENCY CONTACT INFORMATION**  
*(Please list someone other than parent)*

Name:	Phone:	Relationship to Student:
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