



Parents, you must fill out this form  
*to reserve your student's spot*  
for the 2017-2018 school year.

All forms should be given to 1<sup>st</sup> Period teachers by February 28<sup>th</sup>, 2017

Please fill out one (1) form per currently enrolled student

Please check ONE box below:

STUDENT NAME: \_\_\_\_\_

My student will **Return** to IMSA NORTH

\_\_\_\_\_ I have included the \$25 Consumable Material Fee for the Fall 2017 semester.

Reasons for your student returning to IMSA:  Small class size  Safe environment

Teachers  College Prep  Location  Transportation  Other \_\_\_\_\_

#### STUDENT RE-REGISTRATION FORM

An updated contact list, emergency medical form, technology use form and transportation form (first come first serve) are required each year. These forms will be mailed to you or you may get them at the front office. These forms are due by the start of the 2017-2018 school year with the **non-refundable** Fall Consumable Material Fee of \$25.00.

My student will **NOT Return** to IMSA NORTH

My student is not returning for the following reason:  Transportation  Not satisfied with school services  Relocating in state  Relocating out of state  Admin. related issue  Teacher related issues  Other \_\_\_\_\_

**\* No matter which box you check, please return this form by Tuesday, February 28, 2017**

# LEGAL PARENT/GUARDIANS, PLEASE COMPLETE THIS FORM

Student's full legal name (as appears on birth certificate):

_____	_____	_____
(First name)	(Middle name)	(Last name)

Student's grade in the 2017-2018 school year (please circle one): K 1 2 3 4 5 6 7 8 9 10 11 12

Student lives with:  Mother  Father  Step-Father  Step-Mother  Other:

My student will be riding the school bus (please circle one): Yes No

- Transportation is limited, is given on a "first come, first serve" basis per route availability, and based on the address listed on this form.

I have (a) sibling(s) who is/are **NOT** currently enrolled who will be coming to IMSA NORTH in 2017-2018. The sibling(s) is/are listed below:

Name and Grade _____	Date of Birth (must be 5 by 8/1/17) MM/DD/YY _____	_____
Name and Grade _____	Date of Birth (must be 5 by 8/1/17) MM/DD/YY _____	_____
Name and Grade _____	Date of Birth (must be 5 by 8/1/17) MM/DD/YY _____	_____

## STUDENT'S FAMILY

Legal Parent(s)/ Legal Custodial Parent(s)/ Legal Guardian(s)

Title (circle one): Mr. Mrs. Ms. Miss Dr. Other

Title (circle one): Mr. Mrs. Ms. Miss Dr. Other

Full name: \_\_\_\_\_

Full name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Complete** Address: \_\_\_\_\_

**Complete** Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

Home phone: (\_\_\_\_\_) \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_

Cell phone: (\_\_\_\_\_) \_\_\_\_\_

Cell phone: (\_\_\_\_\_) \_\_\_\_\_

Work phone: (\_\_\_\_\_) \_\_\_\_\_ ex: \_\_\_\_\_

Work phone: (\_\_\_\_\_) \_\_\_\_\_ ex: \_\_\_\_\_

Place of Employment \_\_\_\_\_

Place of Employment \_\_\_\_\_

Job Title \_\_\_\_\_

Job Title \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

***\*For additional contacts please list on a separate sheet of paper and attach.***

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_