

Date of  
Registration: \_\_\_\_\_

Name of Course: \_\_\_\_\_

**WALL TOWNSHIP PUBLIC SCHOOLS  
SUMMER ACADEMY  
STUDENT INFORMATION FORM**

**Student Information**

Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Number & Street  
\_\_\_\_\_  
City State Zip (County)

Home Telephone # \_\_\_\_\_ Gender:  Male  Female

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
Month/Day/Year City/State

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

Language(s) Spoken at Home  English  Spanish  German  Other  Italian  Japanese  Chinese  Ethnicity  White  Black  Hispanic  Other  American Indian  Alaskan Native  Asian Pacific Island

Has this student been evaluated by the Child Study Team?  Yes  No

Has this student received compensatory education:  Reading  Math

**First Contact Information**

Name: \_\_\_\_\_ Lives w/ Student?  Yes  No Custody  Yes  No

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

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

Employer Name: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

**Second Contact Information**

Name: \_\_\_\_\_ Lives w/ Student?  Yes  No Custody  Yes  No

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

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

Employer Name: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Relation to Student \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

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

Employer Name: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

## Family Doctor & Medical Information

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

Address: \_\_\_\_\_  
Number & Street City State Zip

Phone # \_\_\_\_\_

Allergies:

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Medical Alerts: \_\_\_\_\_

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Medications: \_\_\_\_\_

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Comments: \_\_\_\_\_

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