SMCA
Student Registration
School Year _____ - _____

PERSONAL INFORMATION

STUDENT _____ _____ _____
LAST FIRST MIDDLE
HOME ADDRESS _____

HOME PHONE _____ GRADE _____

SOCIAL SECURITY _____-_____ - _____ DATE OF BIRTH _____

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PARENT INFORMATION

FATHER / GUARDIAN'S NAME _____
ADDRESS _____ CITY _____
WORK PHONE _____ CELL PHONE _____
E-MAIL _____

MOTHER / GUARDIAN'S NAME _____
ADDRESS _____ CITY _____
WORK PHONE _____ CELL PHONE _____
E-MAIL _____

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ADDITIONAL INFORMATION

_____ _____
PHYSICIAN ADDRESS TELEPHONE

PHYSICAL DEFECTS /PROBLEMS/ALLERGIES: _____

EMERGENCY CONTACT _____
CITY _____ PHONE _____

PLEASE LIST BELOW THE INDIVIDUALS WHO MAY EITHER CONTACT YOUR CHILD WHILE AT SCHOOL OR CHECK YOUR CHILD OUT OF SOUTH MONTGOMERY COUNTY ACADEMY.
IF A PERSON IS NOT LISTED, THEY WILL NOT BE ALLOWED TO SEE YOUR CHILD.

1. _____
2. _____
3. _____

PARENTS/GUARDIAN'S SIGNATURE _____
DATE SIGNED _____