

# The ACHIEVEMENT CENTER - STUDENT REGISTRATION FORM

1050 S. Tuttle Ave. Building 3 Sarasota FL 34237 941-504-7547 theachievementcenter@comcast.net

Date \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade Enrolling \_\_\_\_\_

Last School Attended \_\_\_\_\_

IEP: Yes \_\_\_\_\_ No \_\_\_\_\_ 504 Plan: Yes \_\_\_\_\_ No \_\_\_\_\_ Primary Diagnosis: \_\_\_\_\_

Check all that apply to your child:

\_\_\_\_\_ Speech and Language Therapy

\_\_\_\_\_ Exposed to Bullying

\_\_\_\_\_ Occupational Therapy

\_\_\_\_\_ Hospitalization

\_\_\_\_\_ Counseling

\_\_\_\_\_ School Expulsion

## Parent or Legal Guardian:

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

Home Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

## Emergency Contact Information:

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

Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies to Medications \_\_\_\_\_

Allergies to Foods \_\_\_\_\_

Daily Medications 1 \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Any medications that need to be taken during the school day? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please complete the Child Care Medication Authorization Form.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_