

Prestige Academy's High School Registration Form (2025 AY)

Student Information

Full Name: _____ **Preferred Name:** _____
Date of Birth: ___ / ___ / ___ **Gender:** Male Female Other: _____
Social Security Number: _____ **Student Email Address:** _____
Home Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Home Phone: _____ **Grade Level for Upcoming Year (9, 10, 11, 12):** _____

Parent/Guardian Information

Primary Parent/Guardian Contact	Secondary Parent/Guardian Contact
Full Name: _____	Full Name: _____
Relationship to Student: _____	Relationship to Student: _____
Address (if different from student): _____	Address (if different from student): _____
Email Address: _____	Email Address: _____
Primary Phone Number: _____	Primary Phone Number: _____
Work Phone Number: _____	Work Phone Number: _____

Academic History

Last School Attended: _____ **City/State:** _____
Last Grade Completed: _____ **Reason for Leaving (if applicable):** _____
Has the student ever been suspended or expelled from a previous school? Yes No
If yes, please explain: _____
Has the student ever repeated a grade? Yes No
If yes, which grade: _____

Medical & Health Information

Does the student have any chronic medical conditions (e.g., asthma, diabetes, epilepsy)? Yes No
If yes, please specify: _____
Does the student require any medications during school hours? Yes No
If yes, list medications: _____
Does the student have any physical disabilities or special needs? Yes No
If yes, please specify: _____

Allergies: Yes No

If yes, list allergies: _____

Family Doctor: _____ Phone Number: _____

Insurance Provider: _____ Policy Number: _____

Special Services (If Applicable)

Is the student currently receiving or has received special education services (IEP/504 Plan)? Yes No

If yes, please specify: _____

Does the student require English as a Second Language (ESL) services? Yes No

If yes, please specify the level: _____

Does the student have a gifted and talented education (GATE) designation? Yes No

Transportation

Will the student use public transportation? Yes No

If yes, specify: Pick-up location: _____ Drop-off location: _____

Will the student drive to school? Yes No

If yes, Vehicle Make/Model/License Plate Number: _____

Carpool Information (if applicable):

Carpool Partner Name(s): _____

Consent & Acknowledgements

Media Release:

I consent to the use of my child's photos/videos in school publications or social media.

I do not consent to the use of my child's photos/videos.

Field Trip Permission:

I give permission for my child to participate in school-sponsored field trips.

I do not give permission for my child to participate in school-sponsored field trips.

Technology Usage Agreement:

I understand and agree to the school's technology usage policies.

Student Signature: _____

Date: ___ / ___ / ___

Parent/Guardian Signature: _____

Date: ___ / ___ / ___