

**FRANKLIN ACADEMY  
NEW STUDENT REGISTRATION FORM**

Student's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ School year \_\_\_\_\_

Social Security # \_\_\_\_\_ **Copy Required**

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Last School Attended \_\_\_\_\_ Cleared: yes no

Father's Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_

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

Mother's Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_

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

Marital / Custodial Arrangements: \_\_\_\_\_

In case of emergency list two friends or relatives whom we may call:

1. \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_

The following have permission to pick up my child from school:

<b>Name</b>	<b>Phone #</b>	<b>Relationship</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

By signing below, parent/guardian gives Franklin Academy permission to request records from all former schools.

**Signature:** \_\_\_\_\_ (Parent or Guardian)

**If for any reason you have someone who must not pick up your child, please inform us!**