



Heuser Hearing & Language Academy

## STUDENT REGISTRATION FORM

**Student's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Student's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Female Parent / Guardian Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Male Parent / Guardian Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Persons Authorized to pick up your child from school or bus:

(Please list all persons in order of preference who are authorized to take your child from school or from the bus who have agreed to assume temporary care of your child if you cannot be reached in case of an emergency.)

1) \_\_\_\_\_  
(Legal Name) (Relationship to Student) (Phone Number)

2) \_\_\_\_\_  
(Legal Name) (Relationship to Student) (Phone Number)

3) \_\_\_\_\_  
(Legal Name) (Relationship to Student) (Phone Number)

4) \_\_\_\_\_  
(Legal Name) (Relationship to Student) (Phone Number)

5) \_\_\_\_\_  
(Legal Name) (Relationship to Student) (Phone Number)

