

DATE: \_\_\_\_\_

**DOUBLE R PRIVATE SCHOOL**  
**2020 – 2021 REGISTRATION FORM**

*Please notify the office of any changes as they occur.*

*Enrollment Information – Please Print*

**STUDENT INFORMATION**

LAST NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
FIRST NAME: \_\_\_\_\_ PREVIOUS SCHOOL(S): \_\_\_\_\_  
MIDDLE NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_

**PARENT INFORMATION**

MOTHER'S NAME: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_  
DL #: \_\_\_\_\_ DL #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_  
WORK NUMBER: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

**EMERGENCY AND PICK-UP INFORMATION**

CONTACT #1: \_\_\_\_\_ CONTACT #3: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
CONTACT #2: \_\_\_\_\_ CONTACT #4: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**DOCTOR INFORMATION**

CHILD'S PHYSICIAN: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
CALL ANOTHER DOCTOR IF UNABLE TO CONTACT CHILD'S PHYSICIAN: YES NO  
SPECIAL INSTRUCTIONS (MEDICINE, ALLERGIES, ETC):  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

**INSURANCE INFORMATION**

CARRIER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

POLICY HOLDER: \_\_\_\_\_

GROUP NUMBER: \_\_\_\_\_