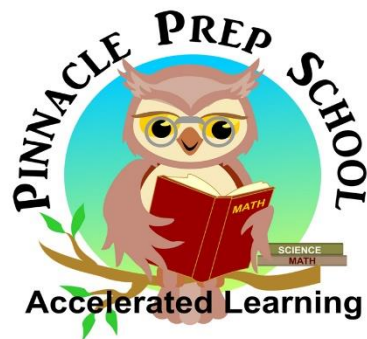


Pinnacle Prep School



Registration Form

Student Information

Student Name: _____ Sex: _____
Preferred name: _____ Date of Birth _____
List all former schools attended by the student: _____

Languages spoken at home: _____

Contact Information

Home Address: _____
Home Phone: _____
Mother Cell Phone: _____ Work: _____
Email: _____
Father Cell Phone: _____ Work: _____
Email: _____

Family Information

Name of Father: _____ Mother: _____
Occupation Father: _____ Occupation Mother: _____
Names of Siblings
Name _____ Age _____ Sex _____
Name _____ Age _____ Sex _____
Name _____ Age _____ Sex _____
Name _____ Age _____ Sex _____

Health History

Student's Pediatrician name: _____ Phone Number: _____
List all Health Problems: _____
Does the student take any medications? If so list: _____
Does the student have any Medication Allergies? If so list: _____
Any other pertinent information about the student: _____

We the undersigned parents hereby give permission for Tazeen Hussain and/or Dr. Asad Hussain to authorize emergency medical treatment as may be deemed necessary for the child named above while participating in activities at Pinnacle Prep School or on field trips.

Father Signature

Month/Day/Year

Mother Signature