



Cohen School Registration Form

Parent 1 (Last Name) _____ (First Name) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent's Email _____

Home Address _____

Parent 2 (Last Name) _____ (First Name) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent's Email _____

Home Address _____

Emergency Contact: (Local other than Parents)

Name: _____

Relationship _____ Phone _____

Student #1 Information

First Name _____ Last Name _____

Date of Birth _____ Grade in School _____

Child resides primarily with: Both parents _____ Parent 1 _____ Parent 2 _____

(This information is to help us direct school related mail to the appropriate household.)

Please share with us information about special accommodations and/or special needs and/or allergies relevant to your child.

Student #2 Information

First Name _____ Last Name _____

Date of Birth _____ Grade in School _____

Child resides primarily with: Both parents _____ Parent 1 _____ Parent 2 _____

(This information is to help us direct school related mail to the appropriate household.)

Please share with us information about special accommodations and/or special needs and/or allergies relevant to your child.

Student #3 Information

First Name _____ Last Name _____

Date of Birth _____ Grade in School _____

Child resides primarily with: Both parents _____ Parent 1 _____ Parent 2 _____

(This information is to help us direct school related mail to the appropriate household.)

Please share with us information about special accommodations and/or special needs and/or allergies relevant to your child.

Student #4 Information

First Name _____ Last Name _____

Date of Birth _____ Grade in School _____

Child resides primarily with: Both parents _____ Parent 1 _____ Parent 2 _____

(This information is to help us direct school related mail to the appropriate household.)

Please share with us information about special accommodations and/or special needs and/or allergies relevant to your child.
