COLBERT ACADEMY OF S.T.E.M.

Student Registration & Emergency Information Form
2026-2027 School Year

Student Information

Student Name: _____

Student ID: _____

Grade: _____

Date of Birth: _____

Birth Place: _____

Home Phone: _____

Student Cell: _____

Student Email: _____

Residence Address: _____

Mailing Address: _____

Guardian (if applicable): _____

Zoned School: _____

Transportation: ☐ Walker ☐ Car Rider ☐ Parent Pickup

Gender: ☐ Male ☐ Female Military Family: ☐ Yes ☐ No

Race/Ethnicity: ☐ Hispanic ☐ White ☐ Black ☐ Asian ☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander ☐ Other

Siblings

Sibling 1 / School: _____

Sibling 2 / School: _____

Sibling 3 / School: _____

Sibling 4 / School: _____

Parent/Guardian Information

Parent/Guardian #1 Name: _____

Relationship: _____

Phone: _____

Email: _____

Employer: _____

Parent/Guardian #2 Name: _____

Relationship: _____

Phone: _____

Email: _____

Employer: _____

Permissions

☐ School Photos

☐ Yearbook

☐ Website/Social Media

☐ Media Interviews

Emergency Contacts

Name	Relationship	Phone	Authorized Pickup

Medical Information

Physician: _____

Physician Phone: _____

Dentist: _____

Dentist Phone: _____

Allergies: _____

Medical Conditions: _____

Medication Details: _____

Comments: _____

Conditions: ☐ Asthma ☐ Allergies ☐ Diabetes ☐ Heart Condition ☐ Cancer ☐ Seizures ☐ ADHD ☐ Other

Parent Authorization

I authorize Colbert Academy of S.T.E.M. to contact the emergency contacts listed above and obtain emergency medical treatment for my child if I cannot be reached. I understand I am responsible for any associated costs.

Printed Name: _____

Signature: _____

Relationship: _____

Date: _____

School Use Only

Homeroom Teacher: _____

Staff Member: _____