

**COE-BROWN NORTHWOOD ACADEMY**  
**Registration Form 2018 - 2019**

Student's Name \_\_\_\_\_  
Last First Middle (full) Year of Graduation

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Male or Female: \_\_\_\_\_  
Month / Day / Year City and State

Check One:  White  Black  Asian  Hispanic  Am Indian/Alaskan Native

Student's Email \_\_\_\_\_ Student's Phone (\_\_\_\_\_) \_\_\_\_\_

Other CBNA Students: \_\_\_\_\_  
(brothers / sisters) Name Grade Name Grade

Name of person we should contact first regarding this student: \_\_\_\_\_ second person: \_\_\_\_\_

Previous School: \_\_\_\_\_

Does student currently receive special education services?  Yes  No

Does student currently have a 504 Plan?  Yes  No

Is English the primary language spoken in your home?  Yes  No *(used to locate students who may need special language instruction)*

What language did you learn to speak first (if other than English)? \_\_\_\_\_

**PRIMARY HOUSEHOLD** *(where student primarily resides):*

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

**PARENT / GUARDIAN #1 (Residing with student)**

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_

**PARENT / GUARDIAN #2 (Residing with student)**

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_

**SECONDARY HOUSEHOLD** *(for non-custodial or Shared Custody; if applicable):*

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

**PARENT / GUARDIAN #1**

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_

**PARENT / GUARDIAN #2**

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_

**EMERGENCY CONTACTS** - list (2) additional contacts (other than parents/guardians) we can call if we are unable to reach you in an emergency:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_