



OPTIONS ACADEMY INC REGISTRATION FORM

Student Name: _____

Parent(s) Name: _____

Address: _____

Phone: _____ Email: _____

School currently attending: _____

Grade: _____ GPA: _____

Step Father and/or Step Mother Names: _____

Emergency Contact: _____

Please answer the following questions:

What is your ethnicity: _____

What language(s) other than English do you speak: _____

What is your religious affiliation: _____

Number of siblings: _____ Do they live with you? _____

What hobbies do you have: _____

Have you ever been arrested: Yes _____ No _____
If yes, are you on probation: Yes _____ No _____ and if Yes,
what is your probation officer's name _____

Do you plan to go to college: Yes _____ No _____

Do you have medical healthcare: Yes _____ No _____

Dental: Yes _____ No _____

Vision: Yes _____ No _____

Do you have any medical conditions: _____ If yes, please explain below:

What medication(s) are you on: _____

Are you employed: Yes _____ No _____ If yes, who is your
employer?

Do you have a work permit: Yes _____ No _____

Office Staff Only:

Fees paid: _____ Date paid: _____

Payment method: Cash _____ Check _____ MC/Visa _____