

**STUDENT REGISTRATION ADDENDUM**

Today's Date: \_\_\_\_\_

**PARENTS' INFORMATION**

Patient Name:	
Father	Mother
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone
Preference to contact <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Preference to contact <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Marital Status of Parents <input type="checkbox"/> Married <input type="checkbox"/> Partners <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	

**PARENTS' EMPLOYER INFORMATION**

Father	Mother
Work Address	Work Address
City, State, Zip	City, State, Zip
Phone, Extension	Phone, Extension
Occupation	Occupation

**SCHOOL INFORMATION**

School Student Attends:
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