



Promise Land Academy
3990 Loretto Road
Jacksonville, FL 32223
PHONE: (904) 268-2422
FAX: (904) 268-5321

Registration Form

School Year

20__ - 20__



STUDENT INFORMATION

Student's Legal Name: _____
Last First Middle

Social Security Number: _____ Nationality: _____ Race: _____

Date of Birth: ____ / ____ / ____ Place of Birth: _____ Gender: _____
Month Day Year

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Student applying for Grade: _____

PARENTS AND/OR GUARDIANS

Father's Name: _____ Does the student live with you? Yes No

Mailing Address (*if different*): _____

During School: Phone #: _____ Cell: _____ Evening: _____

Employer: _____ Social Security #: _____

Father's e-mail address: _____ Marital Status: _____

Mother's Name: _____ Does the student live with you? Yes No

Mailing Address (*if different*): _____

During School: Phone #: _____ Cell: _____ Evening: _____

Employer: _____ Social Security #: _____

Mother's e-mail address: _____ Marital Status: _____

Guardians Name: _____ Does the student live with you? Yes No

Do you have legal custody of the student? Yes No What is your relationship to the student? _____

Mailing Address (*if different*): _____

During School: Phone #: _____ Cell: _____ Evening: _____

Employer: _____ Social Security #: _____

Guardian's e-mail address: _____ Marital Status: _____

EMERGENCY CONTACT

In case of emergency or school closure, please provide us with names, addresses and phone numbers of contacts if the school is unable contact the parents or guardian.

	<u>Name</u>	<u>Primary Number</u>	<u>Secondary Number</u>
Emergency #1:	_____	_____	_____
Emergency #2:	_____	_____	_____
Emergency #3:	_____	_____	_____