



# Re-Registration Form

**--- Official SCA Staff Use Only ---**

**--- REQUIRED MATERIALS ---**

School Year: \_\_\_\_\_ Class: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Date Re-Registration Fee paid: \_\_\_\_\_ Re-Registration Fee amount paid: \_\_\_\_\_ Check #: \_\_\_\_\_  
Date Supply Fee paid: \_\_\_\_\_ Supply Fee Amount paid: \_\_\_\_\_ Check #: \_\_\_\_\_  
Both parents signed Re-Registration Form: \_\_\_ Father's Driver's License copy: \_\_\_ Mother's Driver's License copy: \_\_\_ Medical Insurance Card copy: \_\_\_  
Statement given (if applicable): \_\_\_ Custody papers (if changed): \_\_\_ 2 copies of Re-Registration Form for SCA/LPR Sign-In Books: \_\_\_

**CHILD'S NAME:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**CHILD'S RESIDENCE:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This is the address of Father: \_\_\_ Mother: \_\_\_ Both: \_\_\_ Other: \_\_\_ If other, who? \_\_\_\_\_

**CHILD'S HOME PHONE:** \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_ **FATHER'S CELL PHONE:** \_\_\_\_\_

**FATHER'S WORKPLACE:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**FATHER'S DRIVER'S LICENSE NUMBER:** (Copy for Check ID each year) \_\_\_\_\_ **State:** \_\_\_\_\_

**FATHER'S EMAIL ADDRESS:** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_ **MOTHER'S CELL PHONE:** \_\_\_\_\_

**MOTHER'S WORKPLACE:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**MOTHER'S DRIVER'S LICENSE NUMBER:** (Copy for Check ID each year): \_\_\_\_\_ **State:** \_\_\_\_\_

**MOTHER'S EMAIL ADDRESS:** \_\_\_\_\_

**--- EMERGENCY INFORMATION ---**

**Doctor's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Hospital:** \_\_\_\_\_

**Medical Ins. Co.:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

(Copy Insurance Card - both sides - for file each year)

**Persons to call in case of emergency, if parents cannot be reached \*:**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
NAME PHONE NAME PHONE

\* The above named individuals are also authorized to have child released to them.

**Additional persons to whom this child may be released** (in addition to parents and those named above):

Under no circumstances will a child be released to anyone other than the parents or those listed on this sheet without **previous written** authorization from a parent or guardian. **Phone calls, faxes, and emails are not acceptable.** Picture ID will be required.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
NAME PHONE NAME PHONE

3. \_\_\_\_\_ 4. \_\_\_\_\_  
NAME PHONE NAME PHONE

5. \_\_\_\_\_ 6. \_\_\_\_\_  
NAME PHONE NAME PHONE

7. \_\_\_\_\_ 8. \_\_\_\_\_  
NAME PHONE NAME PHONE

9. \_\_\_\_\_ 10. \_\_\_\_\_  
NAME PHONE NAME PHONE

