



STS. TARKMANCHATZ ARMENIAN SCHOOL STUDENT REGISTRATION FORM

STUDENT'S FIRST NAME	STUDENT'S SURNAME	STUDENT'S ID NUMBER
MOTHER'S NAME (FIRST NAME AND SURNAME)		FATHER'S NAME (FIRST NAME AND SURNAME)
HOME PHONE NUMBER	MOTHER'S CELL PHONE NUMBER	FATHER'S CELL PHONE NUMBER
MOTHER'S E-MAIL ADDRESS		FATHER'S E-MAIL ADDRESS
HOME ADDRESS (NUMBER, STREET, CITY)		
STUDENT'S MEDICAL INSURANCE	INSURANCE COMPANY	
	FAMILY DOCTOR'S NAME	
	FAMILY DOCTOR'S PHONE NUMBER	
	FAMILY DOCTOR'S CLINIC ADDRESS	
ALLERGIES		
EMERGENCY CONTACT (AFTER PARENTS)	NAME	
	PHONE NUMBER	

PARENT SIGNATURE

DATE

PARENT NAME
