



STUDENT INFORMATION (Please Print)

Last Name _____ First Name _____ Middle I _____

Grade _____ HR Teacher _____

Does your child have a life-threatening allergy? Yes No

If yes, list allergens: _____

PARENT/GUARDIAN INFORMATION (Please Print)

PARENT/GUARDIAN #1 Name: _____

Relation: _____ Email: _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Work Phone (____) _____ - _____ Ext. _____

PARENT/GUARDIAN #2 Name: _____

Relation: _____ Email: _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Work Phone (____) _____ - _____ Ext. _____

EMERGENCY CONTACT INFORMATION/ AUTHORIZED PICK UP (Please Print)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please list any siblings also attending Lovett:

Name: _____ HR Teacher: _____

Name: _____ HR Teacher: _____

Signature _____ Date _____

FOR OFFICE USE ONLY

	AMOUNT	TENDER (cash, m.o. #, SP)	DATE	STUDENT START DATE
Registration				
Supply Fee				
Spring 2021				