



**LIBERTY ACADEMY AT THE PRIORY**  
**RE-ENROLMENT/ RE REGISTRATION FORM**

RE-ENROLMENT  RE-REGISTRATION

NAME OF STUDENT: \_\_\_\_\_  
(Surname) (First) (Middle)

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_  
day / month / year

DATE COMMENCED AT LIBERTY: \_\_\_\_/\_\_\_\_ CURRENT GRADE LEVEL: \_\_\_\_\_ EXPECTED GRADE LEVEL: \_\_\_\_\_  
month / year

**CONTACT INFORMATION**

<b>CHILD LIVES WITH:</b> BOTH PARENTS <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> GUARDIAN <input type="checkbox"/>
<b>MOTHER</b> NAME: _____ OCCUPATION: _____ ADDRESS: _____ E-mail: _____ WORK#: _____ CELL#: _____ HOME# _____
<b>FATHER</b> NAME: _____ OCCUPATION: _____ ADDRESS: _____ E-mail _____ WORK#: _____ CELL#: _____ HOME# _____
<b>GUARDIAN</b> NAME: _____ OCCUPATION: _____ ADDRESS: _____ E-mail: _____ WORK#: _____ CELL#: _____ HOME# _____

**IN CASE OF EMERGENCY CONTACT**

NAME: _____ RELATIONSHIP (eg. Aunt): _____ TEL#: _____
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**PERSONS PERMITTED TO COLLECT STUDENT FROM SCHOOL**

Name: _____ Tel. No. _____
Name: _____ Tel. No. _____
Name: _____ Tel. No. _____

**MEDICAL INFORMATION**

MEDICAL ABNORMALTIES (INCLUDING ALLERGIES): _____ _____
NAME & ADDRESS OF PAEDIATRICIAN RESPONSIBLE FOR STUDENTS CARE: _____ _____ _____

**FOR OFFICIAL USE ONLY**

CLASS ASSIGNMENT _____ COMMENTS _____
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