

Student Registration Form
STEM Robot Academy - Wantagh

Today's Date ____/____/____

Student InformationStudent 1 _____
Last First ☐ Male ☐ FemaleDate of Birth ____/____/____ Student lives with: ☐ Mother ☐ Father ☐ Both

Current Grade _____ School _____ Teacher's Name _____

Student 2 _____
Last First ☐ Male ☐ FemaleDate of Birth ____/____/____ Student lives with: ☐ Mother ☐ Father ☐ Both

Current Grade _____ School _____ Teacher's Name _____

Student 3 _____
Last First ☐ Male ☐ FemaleDate of Birth ____/____/____ Student lives with: ☐ Mother ☐ Father ☐ Both

Current Grade _____ School _____ Teacher's Name _____

Family Information

Mother's Name _____ Address _____

Cell Phone _____ Work Phone _____

Home Phone _____ Email Address _____

Father's Name _____ Address _____

Cell Phone _____ Work Phone _____

Home Phone _____ Email Address _____

Additional Emergency Contact (other than parents – a relative, neighbor, or trusted friend)

Name _____ Relationship _____

Phone _____ Other Info _____

How did you hear about STEM Robot Academy?☐ Drive by ☐ Received Mailer at Home ☐ School Flyer ☐ Special Event ☐ Print Advertisement☐ Referral by _____ ☐ Other (please describe) _____