



Date: _____

Student Registration Form

___ Musical Theatre (10-21) ___ Creative Drama (7-9) ___ Early Childhood (3-6)

STUDENT LAST NAME _____ FIRST NAME _____

BIRTHDATE _____ GRADE _____ AGE _____ GENDER: MALE or FEMALE

CURRENT SCHOOL _____

PARENT(S) NAMES: _____

HOME PHONE(_____) _____

CELL PHONE (_____) _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL ADDRESS _____

HOW DID YOU LEARN OF SGT? _____

CHILD INFORMATION

Diagnosis _____ Description _____

Toileting Needs: ___ Yes ___ No

Does your child have a one-on-one aid assigned to them at school? ___ Yes ___ No

If yes, for what purpose? _____

Is there any additional information you would like to share?
