

Student First Name:

STUDENT REGISTRATION

PLEASE READ THIS INFORMATION BEFORE COMPLETION OF THE REGISTRATION FORM

This registration form is a legal document. Before students can be registered by the school this form must be completed, signed by parent or guardian and kept on record. This form is used to enroll a student who is interested in attending Compton Performing arts Academy and will not be shared with other entities. In addition, Your signature below gives consent for the following:

- 1) Your child (named below) to participate in the Compton Performing Arts Academy (CPAA) classes and extracurricular activities during and after school.
- Release for your child's name, likeness, image and voice to be used in video and photos taken during class, rehearsals, and productions to be used to promote CPAA on websites, media outlets, television and social media.

Student Last Na	me:		
Date of Birth:	/	/	Grade:
Step 1: Submit as the following		certificate or an	nother reliable document stating the child's identity and age such
	ort	o and or custoong with the regis	
Step 3: Submit p	roof of residen	cy (utility bill) <i>cr</i>	ritical if seeking scholarship consideration*
Step 4: complet Step 5: Submit			forms. rade level from previous school. (Report Card)
Step 6 : Submit a are your future g	· -	ssay of your scho	ool experience to date. What was your greatest achievement? What
Parent/Guard	ian Signaturo	2:	

SCHOOL EMERGENCY CARD

Parent/Guardian #1				Student's Name
Zip Male_ Parent/Guardian #1 Home# () E-Mail Employer's Name Hours Work# () Cell# () Parent/Guardian #2 Home# () E-Mail Employer's Name Hours Work# () Cell# () List names & relationship of ALL PEOPLE that live with the Cell# () Name Relationship Phone# () Cell# () Name Relationship Phone# () Doctor:		_	Grade	Birthdate
Parent/Guardian #1				Current Address
Home# (eFemal	Male		Zip
Employer's Name				Parent/Guardian #1
Parent/Guardian #2 Home# (il	E-Mai	Home# ()
Parent/Guardian #2 Home# ()E-Mail Employer's NameHours Work# ()Cell# () List names & relationship of ALL PEOPLE that live with the Cell# ()Name RelationshipName Cell# ()Name RelationshipName	·s	Hours	Cell#()	Employer's Name Work# ()
Employer's Name				
List names & relationship of ALL PEOPLE that live with the Cell# (il	E-Mai	Home# ()
Work# () Cell# () List names & relationship of ALL PEOPLE that live with the Cell# () Name Relationship Phone# () Cell# () Name_ Relationship Phone# () Doctor: Phone () Date of last visit	'S	Hours		Employer's Name
Cell# ()			Cell# ()	Work# ()
RelationshipPhone# ()	e student	PLE that live with the stu	ship of ALL PEOP	List names & relation
Cell# ()Name			Name	Cell# ()
Doctor:)	Phone# (_	Relationship
Doctor:			Name	Cell# ()
)	Phone# (_	Relationship
Phone (Date of last visit				Doctor:
		ast visit	Date of la	Phone ()
Parent/Guardian Signature:			ature:	Parent/Guardian Sig