



NDI New Mexico at The Hiland Theater
2011-2012 Student Registration

Student Information-

Name: _____ Birthdate: _____ Gender: _____
Age: _____ Grade: _____ School: _____
E-mail: _____ Cell phone: _____
Address: _____ Zip: _____
Primary Language(s): _____ Ethnicity (Optional): _____

Family Information-

Parent/ Guardian (1) _____
Address: _____ Zip: _____
Day Phone: _____ Cell Phone: _____
E-mail address: _____
Primary language(s): _____

Parent/ Guardian (2) _____
Address: _____ Zip: _____
Day Phone: _____ Cell Phone: _____
E-mail address: _____
Primary language(s): _____
Student lives with: Parent 1 Parent 2 Both Other _____

Emergency/ Medical Information- (Please provide specific details)

If parents are unavailable during an emergency, notify:
Name: _____ Relationship: _____ Phone: _____

Student's Doctor: _____ Phone: _____

Do you carry family medical/hospital insurance? _____

Plan: _____

Allergies: _____

Medical and/or behavioral conditions: _____

Prescription medications: _____

Medical, physical and/or emotional history, or other conditions NDI New Mexico should be aware of:

How did you hear about NDI New Mexico classes? _____