



**THE MCKAY ACADEMY**  
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### REGISTRATION FORM

Student Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_

\_\_\_\_\_

Occupation(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number(s):

\_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile)

\_\_\_\_\_ (Work) \_\_\_\_\_ (Other)

E-mail(s): \_\_\_\_\_

\_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

Doctor(s): \_\_\_\_\_

Prescription(s): \_\_\_\_\_

Previous School(s): \_\_\_\_\_

### CHECK ALL THAT APPLIES

IEP

504 PLAN

TESTING RESULTS AVAILABLE

FILED INTENT FOR SCHOLARSHIP

OTHER: \_\_\_\_\_