



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.
- 2) 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 First Name: _____

Student Last Name: _____

Date of Birth: ____ / ____ / ____ Grade: _____

Step 1: Submit either a birth certificate or another reliable document stating the child's identity and age such as the following:

- A birth certificate.
- Proof of guardianship and or custody.
- Passport

Step 2: Submit a photo ID along with the registration form

Step 3: Submit proof of residency (utility bill) *critical if seeking scholarship consideration**

Step 4: complete emergency medical referral forms.

Step 5: Submit proof of completing the last grade level from previous school. (Report Card)

Step 6: Submit a brief 1 page essay of your school experience to date. *What was your greatest achievement? What are your future goals?*

Parent/Guardian Signature:

SCHOOL EMERGENCY CARD

Student's Name _____

Birthdate _____ Grade _____

Current Address _____

Zip _____ Male ___ Female ___

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 student

Cell# (____) _____ Name _____

Relationship _____ Phone# (____) _____

Cell# (____) _____ Name _____

Relationship _____ Phone# (____) _____

Doctor: _____

Phone (____) _____ Date of last visit _____

Parent/Guardian Signature:
