

Island City Research Academy  
Registration Form  
2010-2011 School Year

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Grade in School (Fall 2010) \_\_\_\_\_ Age \_\_\_\_\_ Gender M or F

Parent/Guardian Name (1) \_\_\_\_\_ Relationship \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian Name (2) \_\_\_\_\_ Relationship \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Check all that apply:

\_\_\_\_ I am open enrolling to the Cumberland School District

\_\_\_\_ I have a sibling that attends/attended Island City Research Academy

Name of Sibling \_\_\_\_\_

\_\_\_\_ I plan to participate in band

\_\_\_\_ I plan to participate in choir

The Island City Research Academy provides a choice in your educational setting. Once your registration is received, you will be invited to a conference with the staff to address any questions you may have about the school. To help us get to know you better, **please answer the questions on the back of the registration form.**

