



Student/Parent Registration Form

Prefer to complete this form online? Create an account at <https://account.intellichoice.org>.

Fields marked with an asterisk (*) are required.

Student Information

First Name *

Last Name *

Gender *

Male Female

School Name *

Current Grade [K-12] *

Student Email

Birth Date *

Student Cell Number

()

Month

Day

Year

Parent/Guardian Information

We'll send you occasional emails about your registration and your student's progress. *We'll use the information below in case of emergency.*

First Name *

Last Name *

Email Address *

Primary Phone Number *

()

Secondary Phone Number

()

Home Address *

City *

State *

Zip Code *

IMPORTANT

You will receive an email confirmation before the next session.

Please complete your account and verify your information online after receiving email confirmation.

Parent/Guardian Signature *(student if over 18)*

Date

For Manager Use Only

Branch

Academic Term

Form Revised June 2017



Additional Student Registration Form

Fields marked with an asterisk (*) are required.

Please complete the **Student/Parent Registration Form** if this is your first student.

Student Information

First Name *

Last Name *

Gender *

School Name *

Male Female

Current Grade [K-12] *

Student Email

Birth Date *

Student Cell Number

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Month

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Parent/Guardian's Email Address *

Manager: attach this form to the parent's original registration form



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