



EXCEPTIONAL EDUCATION OUTCOMES LLC REGISTRATION FORM

Today's date:			
STUDENT INFORMATION			
Student's last name:		First:	Middle:
Is this the student's legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is their legal name?	Birth date: / /	Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Apt #.:
P.O. box:	City:	State:	ZIP Code:
Current Grade Level:	School Name:	Home phone no.: ()	

PARENT/GUARDIAN INFORMATION (If student is under 18)			
Last name:		First:	Middle:
Street address:			Apt #
P.O. box:	City:	State:	ZIP Code:
Home phone number ()	Work/Cell phone number ()	E-mail Address	

PARENT/GUARDIAN INFORMATION			
Last name:		First:	Middle:
Street address:			Apt #
P.O. box:	City:	State:	ZIP Code:
Home phone number ()	Work/Cell phone number ()	E-mail Address	

IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address):	Relationship to student:	Home phone no.: ()	Work phone no.: ()
<p>The above information is true to the best of my knowledge. I understand that I am financially responsible for any balance. I also authorize Exceptional Education Outcomes LLC to release any information required to process my claims.</p>			
<hr style="border: none; border-top: 1px solid black;"/> <i>Patient/Guardian signature</i>		<hr style="border: none; border-top: 1px solid black;"/> <i>Date</i>	