The Rise School™
OF HOUSTON
"Where All Kids Shine"™

Annual Registration
2025-2026 School Year

Child's Name: _____
(First) (Middle) (Last)

Address: _____
(Street Address) (City) (Zip)

Date of Birth: _____ Age: _____ Gender: _____

Sibling name(s):_____

School District/Campus of Residence: _____

Parent

Name: _____

Address: _____
(Street Address) (City) (Zip)

Home Phone: _____ Cell Phone: _____

Email Address: _____

Occupation: _____ Business Phone: _____

*Preferred method of contact: _____ Home phone _____ Cell phone

Parent

Name: _____

Address: _____
(Street Address) (City) (Zip)

Home Phone: _____ Cell Phone: _____

Email Address: _____

Occupation: _____ Business Phone: _____

*Preferred method of contact: _____ Home phone _____ Cell phone

Over →

Therapy Services

List the therapy service(s) your child currently receives:

Type:_____Therapist Name:_____ Ph Number: _____

Type:_____Therapist Name:_____ Ph Number: _____

Type:_____Therapist Name:_____ Ph Number: _____

❍ My child does not receive any therapy services

Please list any medications, supplements, and/or other treatments that your child takes on a regular basis:

Medication/Supplement/Treatment	Dosage	Reason for taking	Prescribed by

Parental Permissions (please initial your consent):

- The Rise School of Houston staff will apply sunscreen and/or insect repellent as needed during school hours.

  _____**School supplied** sunscreen with protection of SPF 15 or higher can be used.
  _____ **School supplied** insect repellent containing DEET can be used.

  _____ **I will provide** sunscreen and/or insect repellent for my child. **(circle one or both)**

- _____ I give permission for Rise staff to post in the classroom pertinent information regarding my child's health or care so that his/her individual needs will be met consistently and accurately. Any Medical/Health Conditions, Allergies, Food Exclusions, and/or specific individual needs are listed below:

_____

_____

The information provided herein is accurate to the best of my knowledge.

Signature: _____

Print Name: _____

Relationship to Child: _____ Date: _____