



*Gillian Leigh Phillips*  
STUDENT REGISTRATION FORM

NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ OTHER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

GUARDIAN'S NAME: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

ALLERGIES OR MEDICAL CONDITIONS: \_\_\_\_\_

\_\_\_\_\_

OEF #: \_\_\_\_\_ HEALTH CARD #: \_\_\_\_\_

I HAVE RECEIVED, READ, AND UNDERSTAND THE MAKEUP POLICIES  
AND RULES OF GILLIAN LEIGH PHILLIPS' RIDING SCHOOL PROGRAM,  
AND AGREE TO ABIDE BY THESE POLICIES.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(SIGNATURE OF PARENT OR GUARDIAN IF UNDER 18)