

SUITED 4 YOU, LLC REGISTRATION

OWNER: SEMAJ BROWN



4708256602

Suited4youllc@gmail.com

Delaware based



INFORMATION

Registration Number: _____ Registration Received On: _____

STUDENT INFORMATION

Name: _____

Student ID: _____ Date of Birth: / /

Home Address: _____

City: _____ State: _____ Zip Code: _____

Gender: Male Female School Address: _____

GUARDIAN INFORMATION

Guardian Name: _____

Relationship to Student: _____ Other: _____

Phone Number: _____ Email Address: _____

Home Address (if different from student): _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship to Student: _____ Phone Number: _____

MEDICAL INFORMATION

Does the student have any allergies? yes No

If yes, please list: _____

Does the student have any medical conditions we should be aware of? yes No

If yes, please specify: _____

Primary Physician Name: _____ Phone Number: _____

CONSENT & AGREEMENT

I certify that the above information is correct to the best of my knowledge.

Documents Submitted: Photo ID

Other: _____

Date: / /

Signature: _____