

STUDENT REGISTRATION FORM

Grade	Student LAST Name (Legal) Jr., II, III	Student FIRST Name	MIDDLE Name	Gender Male Female	D.O.B. M/D/Yr	Receives Special Ed Services Yes / No	Pictures taken that can be used in forms of multi-media production tools without any liability or obligation to the School/ Student/ Parent/Guardian:	Band/Tribe Affiliated with Name: (FDL, WE, LCO, etc.)	Band/Tribe Enrolled: (FDL, WE, RL, BF, LCO, etc.)	RACE (Check ALL that Apply) 1=Am. Indian 2=Asian 3=Hawaiian/P 4=Black 5=White	Fieldtrip Permission for school field trips and to be included in pictures. Yes / No
	<i>All Kindergarten students and first-time enrolled students need Birth Certificate with Seal on file.</i>										

Student(s) Lives with: Both Parents Mother Mother/Stepfather Father Father/Stepmother Grandparent
Guardian Foster Parent Self Other _____

If student is not your biological child, please attach active Notarized/ Legal copy of Guardianship Paperwork

Student's PRIMARY HOUSEHOLD Information (Do you want The Primary household listed to receive mailings of report cards, etc.) YES NO

Adult First Name	Last Name	Relationship	1 st Contact Phone Number	2 nd Contact Phone Number	Work Phone Number
Home Address	Apartment No.	Send Mail to P.O. Box	City	State & Zip Code	E Mail Address

Student's SECONDARY HOUSEHOLD (If one) Student Information can be shared with this person! Put on Student's Mailing List YES or NO

Adult First Name	Last Name	Relationship	1 st Contact Phone Number	2 nd Contact Phone Number	Work Phone Number
Home Address	Apartment No.	Send Mail to P.O. Box	City	State & Zip Code	E Mail Address

Is Student Living in Temporary Housing Due to Economic Hardship? Yes No

If Yes, Please check which box applies: Hotel/Motel At a Shelter In Auto Campground, Tent Awaiting Foster Placement Living with family/friends (Due to Hardship)

My Child(ren) have permission to be Picked up from School by: **Emergency Contacts: Person to call if I cannot be reached; this person will then contact me and I will contact the school**
 (Please print clearly)

	Relation To Student:	Print Name	Daytime Phone Number	Relationship to Student
1. _____	_____	1. _____ (____) _____	_____	_____
2. _____	_____	2. _____ (____) _____	_____	_____

Signature of Parent/Guardian	Relationship to Student	Date
Printed Name of Parent/Guardian:		