Fond du Lac Ojibwe School

STUDENT REGISTRATION FORM

Year: 2026-2027

GRADE	All Kindergarten students and first-time enrolled students need **Birth Certificate** with Seal on file. **Student LAST Name** (Legal) Jr., II, III	**Student FIRST Name**	**MIDDLE Name**	**M/F**	**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: Yes or No	Band/Tribe **Affiliated with** Name: (FDL, WE, LCO, etc.)	Band/Tribe **Enrolled In:** (FDL, WE, RL, BF, LCO, etc.)	**RACE** (List ALL that Apply) 1=Am. Indian 2=Asian 3=Hawaiian/ other-Pacific Islander 4=Black 5=White

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

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	1st Contact Phone Number	2nd 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	1st Contact Phone Number	2nd 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. Minimum 1 Adult

	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:		

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