

STUDENT REGISTRATION FORM

G R A D E All Kindergarten students and first-time enrolled students need Birth Certificate with Seal on file. Student LAST Name (Legal) Jr., II, III							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 <u>ALL</u> that Apply) 1=Am. Indian 2=Asian 3=Hawaiian/ other-Pacific Islander 4=Black 5=White
	Student FIRST Name	MIDDLE Name	M/F	D.O.B. M/D/Yr.	Receives Special Ed Services Yes / No					

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	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. Minimum 1 Adult

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