

STUDENT REGISTRATION FORM

GRADE	LAST Name (Legal) Jr., II, III	FIRST Name	MIDDLE Name	M/F	D.O.B. M/D/Yr.	Receives Special Ed Services Yes / No	Permission given to use photographs or electronic photograph images for school and public media: Yes / No	Permission for School Field Trips: Yes/ No	Band/Tribe Affiliated with Name: (FDL, WE, LCO, etc.)	Band/Tribe Enrolled In: (FDL, WE, RL, BF, LCO, etc.)	RACE (Check ALL that Apply) 1=Am. Indian 2=Asian 3=Hawaiian/P 4=Black 5=White

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 or DOPA

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

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 any Student Information can be shared with this person) Put on Student's Mailing List YES or NO

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:
(Please print clearly)

Emergency Contacts: Person to call if I cannot be reached; this person
will then contact me and I will contact the school

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

Signature of Parent/Guardian	Relationship to Student	Date

Print Name of Parent/ Guardian: _____