

STUDENT REGISTRATION FORM

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 _____

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:
(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
2. _____		1. _____ (____) _____	2. _____ (____) _____	
Signature of Parent/Guardian		Relationship to Student		Date
Printed Name of Parent Guardian:				