

STUDENT REGISTRATION FORM

G R A D E	LAST Name <i>(Legal)</i> <i>Jr., II, III</i>	FIRST Name	MIDDLE Name	M/F	D.O.B. <i>M/D/Yr.</i>	Receives Special Ed Services <i>Yes / No</i>	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 <i>Name: (FDL, WE, LCO, etc.)</i>	Band/Tribe Enrolled In: <i>(FDL, WE, RL, BF, LCO, etc.)</i>	RACE <i>(Check ALL that Apply)</i> 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

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

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

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

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

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**

1. _____	Relation To Student:	Print Name	Daytime Phone Number	Relationship to Student
2. _____		1. _____ (____) _____		
		2. _____ (____) _____		
<i>Signature of Parent/Guardian</i>	<i>Relationship to Student</i>	<i>Date</i>		
Printed Name of Parent/Guardian:				