

# STUDENT REGISTRATION FORM

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

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>1<sup>st</sup> Contact Phone Number</i>	<i>2<sup>nd</sup> 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 &amp; Zip Code</i>	<i>E Mail Address</i>

Student's SECONDARY HOUSEHOLD (If any 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>1<sup>st</sup> Contact Phone Number</i>	<i>2<sup>nd</sup> 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 &amp; 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:**  
 (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. _____	Relation To Student: _____	Print Name _____	Daytime Phone Number (____) _____	Relationship to Student _____
<i>Signature of Parent/Guardian</i>		<i>Relationship to Student</i>		<i>Date</i>
Printed Name of Parent/Guardian: _____				