

# STUDENT REGISTRATION FORM

<b>G R A D E</b>  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: <b>Yes or No</b>	Band/Tribe Affiliated with Name: (FDL, WE, LCO, etc.)	Band/Tribe Enrolled In: (FDL, WE, RL, BF, LCO, etc.)	<b>RACE</b> (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 <sup>st</sup> Contact Phone Number	2 <sup>nd</sup> 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 <sup>st</sup> Contact Phone Number	2 <sup>nd</sup> 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; this person will then contact me and I will contact the school**  
 (Please print clearly)

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: _____				