



Office Use Only:
Registration Date: _____
Student ID: _____
Immunizations _____
Birth Cert/Other Reliable Proof _____
Permit _____
Records Request _____

Student Registration Information

Student's Full Name _____ Birth Date _____ M/F Grade _____

Full Address _____

City, State, Zip _____

1st Household-

Parent/Guardian _____ Relationship _____

Primary Phone _____ Cell _____ Work _____

Parent/Guardian _____ Relationship _____

Primary Phone _____ Cell _____ Work _____

Home Email _____

2nd Household

Parent/Guardian _____ Relationship _____

Primary Phone _____ Cell _____ Work _____

Parent/Guardian _____ Relationship _____

Primary Phone _____ Cell _____ Work _____

Home Email _____

Is this student: _____ Yes, Hispanic/Latino _____ No, not Hispanic/Latino

Country of Birth _____

What is the student's race: _____ American Indian or Alaskan Native, _____ Asian, _____ Black or African American, _____ Native Hawaiian or other Pacific Islander, _____ White

If American Indian or Alaskan Native, please choose one of the following:

_____ North American Indian-Tribal Affiliation _____

_____ Central or South American descent of indigenous people

Home/School communication preferred language(s) _____