



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 _____

Special Education English Learner Health Care Plan 504 Plan Other: _____

1st Parent/Guardian _____ Relationship _____

Address _____

Primary Phone _____ Cell _____ Work _____

Home Email _____

2nd Parent/Guardian _____ Relationship _____

Address _____

Primary Phone _____ Cell _____ Work _____

Home Email _____

Emergency: Name _____ Phone _____ Relationship _____

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 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) _____