

Interstate 35 School Registration Form

Student First Name:		Address Status? (Circle one below)
Student Middle Name:		Single Family Dwelling
Student Last Name:		Doubled Up
Birth Date:		Shelter/Transitional
Gender:		Unsheltered
Resident County:		Homeless
		Foster Care: Yes No
District Resident: (Circle)	Yes or No If no, what district are you in?	

Ethnicity	Race	
Yes No Hispanic/Latino	Yes No	American Indian or Alaska Native
Language spoken at home?	Yes No	Asian
_____	Yes No	Black or African American
	Yes No	Native Hawaiian or other Pacific Islander
	Yes No	White

Parents/Guardians Information

Parents/Guardians Name	
Physical Address	
Mailing Address if different	
City	
State, Zip Code	

Additional Resident Information

Parent/Guardian Name	
Physical Address	
Mailing Address if different	
City	
State, Zip Code	

Contact Information

Circle One

<i>Work Phone(s) – School text message</i>		<i>Emergency Contact OTHER THAN PARENTS/GUARDIANS</i>
Mom	Y or N	Emergency Name 1:
Dad	Y or N	Emergency Phone 1:
<i>Cell Phone(s) - School Text message</i>		Relationship to Student:
Mom	Y or N	Emergency Name 2:
Dad	Y or N	Emergency Phone 2:
<i>E-mail Address(es)</i>		Relationship to Student:
Mom		Emergency Name 3:
Dad		Emergency Phone 3:
		Relationship to Student:

Notice: Your child will have supervised access to the internet during school hours. He/she may have their picture in district documents or on the school website. If you have questions or choose not to have these options please call the school so we can put your child's name on the appropriate list.

Parent Signature: _____ Date: _____

___ Tuition Fee ___ Proof Of Birth Date: _____ Time: _____ Paid by: Cash _____ Check # _____ Free _____