Okaw Valley CUSD #302 Residency Questionnaire

The following information is to be completed by the student's parent or legal guardian.

tuuent s Name					Age:	Grade:
	(First)	(Middle – No Initials)	(1	Last)		
ddress:				Phone:		
Is the above n	named student curre	ently suspended from schoo	ol for gross miscond	luct?	NO	YES
If YES, did the	suspension involve	e a weapon, drugs, or alcoho	ol?			YES
		ing or eligible to receive an	y special education	services? _	NO	YES
	ype of service?					
Vhere did the above r	named student mos	t recently attend school.				
Name of Scho	ol:					
Address:						
lame of parents: (if de	eceased, state "dece	eased")				
Father:			Mother:			
Address:			Address:			
		's license or other evidence as				
		de? Mother				
· · · · · · · · · · · · · · · · · · ·	· ·	dance? Mother				
•	•	do not have joint custody, w	•		•	
Who will be at	tending parent conf	ferences at school?	Mother	_ Father		
Is there a pare	nt who <i>does not</i> ha	ve educational rights?	Mother	_ Father		
	e contacted if the cl	hild becomes ill or is injured	while at school? 1 ^s	.tt		
Who is authori	ized to receive repo	rt cards? Mother	Father	Other	(Who)	
Copy of the court or	der or divorce decr	ee must be attached at the	time of enrollment			
s the child living with	someone other tha	n parents? NO	YES			
lame of person compl	eting this form: (Ple	ase Print):				
ignature:		Date	·			