



MAX PUBLIC SCHOOL REGISTRATION INFORMATION

Max Public Schools
PO Box 297 - Max, ND 58759
701-679-2685

Student Information

Student's Legal Name _____ Grade _____ Home Phone _____

Mailing Address: _____ City _____ State: ND Zip _____

Physical Street Address and City (if different than above): _____

Residence – County _____ Township _____ School Bus # (if applicable) _____

Birthdate _____ Gender: M or F Ethnicity: _____
I-American Indian C-Caucasian
B-African-American P-Pacific Islander
A-Asian H-Hispanic O-Other

Parent Information

Father: _____ Place of Employment: _____

Mailing Address, City, State, Zip (if different than student): _____

Day Phone # _____ Cell Phone # _____ Home Phone # _____

Mother: _____ Place of Employment _____

Mailing Address, City, State, Zip (if Different than student): _____

Day Phone # _____ Cell Phone # _____ Home Phone # _____

Parent/Guardian E-Mail Address: _____

Additional mailing address & email: _____

Do you own a computer? _____ Do you have internet access? _____

Contact Information

In the event of a severe winter storm and buses do not run please provide in-town storm home information:

Storm Home Family: _____ Phone: _____

Please list two (2) additional contacts, in order of desired contact, to be called if parent/guardian cannot be reached:

1. Name: _____ Relationship _____ Contact Phone # _____

2. Name: _____ Relationship _____ Contact Phone # _____

Physician's Name _____ Office Phone: _____

Dentist Name _____ Office Phone: _____

Allergies/Medications: _____

Other Information: _____

HOUSEHOLD MEMBERS UNDER 5 YEARS OF AGE (NAME & BIRTHDATE)

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