

Online Registration Form

Student Data

Please review and correct the student information below.

First Name:	Middle Name:	Last Name:
Mailing Address:		
Physical Address 1:	Primary Phone for Emergency Alerts:	Gender:
Grade Level:	Birth Date:	Race (Please check all applicable) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Lives With (deprecated) (Please check one) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother/Step-Father <input type="checkbox"/> Father/Step-Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parents <input type="checkbox"/> Other _____	Medical Problems /Allergies:	

Contact Data

Please review and correct the contact information below.

Contact Relationship:		
Name:	Home Phone:	Work Phone:
Cell Phone:	Address:	
Can Pick Up Student?:	Email Address:	

Contact Relationship:		
Name:	Home Phone:	Work Phone:
Cell Phone:	Address:	
Can Pick Up Student?:	Email Address:	

Contact Relationship:		
Name:	Home Phone:	Work Phone:
Cell Phone:	Address:	
Can Pick Up Student?:	Email Address:	

Contact Relationship:		
Name:	Home Phone:	Work Phone:
Cell Phone:	Address:	
Can Pick Up Student?:	Email Address:	

HOUSING INFORMATION

Do you own your home? Yes No

Do you rent your home? Yes No

Other (Please specify) _____