## **REGISTRATION FORM**

Student Name:	,					
(Last) Preferred Name:	(Fir	st)	(Mid	dle)		
Race (circle): B W A H Native						
Date of Birth:						
Subdivision:						
Street Address:						
Primary Phone Number :			-			
Parent/Guardian Information:						
Last Name (Mother)	First		MI			
Home #		ork#Cell #				
Address if different from child:						
		Occupation:				
Email address:						
Last Name (Father)	First			MI		
Home #			Cell #			
Address if different from child:						
Place of Employment:						
Email Address:						
Child lives with (circle): Both parent			Other			
If other, please list name and relation	ıship:					
	Name		Date of Birth	Grade	Schoo	
Siblings:			//			
(Include all siblings even those not of school age)			//			
			//			
Special Services (circle): Gifted	Sped-I	EP S <sub>I</sub>	eech-IEP ELL			
Life Threatening Allergy:						
<b>Emergency Contacts authorized to ch</b>	heck out you	ır child (in additi	on to parent/g	guardian)	:	
1	relationship		phone #			
2.	relationship		phone #			

To help us in the placement of your child, please use the back of this form to tell us about your child's personality, learning styles, social skills, and academic strengths.