

# Registration Form

## Student Data

Please fill in all information below.

First Name:	Middle Name:	Last Name:
Grade Level:	SSN:	Birth Date:
Birth Place:	Gender:	Race (Please check one) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Multiracial
Mailing Address:		
Disability:	Primary Language:	English Proficiency:
Previous School Name:	Mothers Maiden Name:	Student Email Address:

## Contact Data

Please fill in all information below.

Lives With (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 _____
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Name:	Contact Relationship:	Home Phone:
Work Phone:	Cell Phone:	Address:
Can Pick Up Student?:	Email Address:	

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Work Phone:	Cell Phone:	Address:
Can Pick Up Student?:	Email Address:	

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