Registration form

NAME First	Middle			
SSN				E
HOME PHONE				
P. O. BOXADDRES				
MOTHER'S NAME				
MOTHER'S EMPLOYER		WORK #	#	
FATHER'S NAME		CELL #		
FATHER'S EMPLOYER		WORK #	#	
Does this student have a paren and who is either deployed to a Would you like to receive a rec	ctive duty or expects to be de	ployed to active dut	y during this scho	ool year? Y / N
EMERGENCY CONTACTS (E	nergency contacts are only c	alled if the parent(s)		,
NAME				
NAME	RELATIONSHIP	PHON	NE	
NAME	RELATIONSHIP	PHON	NE	
FAMILY DR	PHONE	HOSPI	TAL	
My child (circle one) DOES	DOES NOT have permiss	ion to attend field tri	ps.	
Have you moved since last sch	ool year? (circle one) YES	/ NO		
I have read and understand the	school handbook. (circle or	ne) YES NO		
I have read and understand the	electronic network access ac	greement. (circle or	ne) YES	NO
If you would like online access	to your child's grades, please	provide a valid ema @	il address.	
Will your child be riding the bus	to / and or from school? (Cir	rcle one) YES NO	C	
Parent signature:			Date:	