

CH'OOSHGAI COMMUNITY SCHOOL REGISTRATION PASS FOR JUMP START/SUMMER SCHOOL 2021

student Name:			CHROMEBOOK #:	
Date of Birth:	(Census No:	Commun	ity:
Cather Name:			Mother Name:	
Mailing Box Address:			City:	State: Zip:
ather Telephone# ()		Mother Telephone# ()
Child Lives With:	Both Parents	Father	Mother	Legal Guardian
Physical Address:				
ist the Names of Sibling a	tending Ch'ooshgai Con	nmunity School	1:	
1			2	
3			4	
Please check one of the foll	owing:			
My child		WIFI at home.	MOFI Router Issue #:	
Alternate Contact Person Relationship:			Phone Number#:	
ignature of Parent / Legal			Date	
Enrollment Office Use School Year	Only* Date Registered	Grade	Teacher	Room No.
Jump Start/Summer School 2020/21				
signature of Approving Reg	gistrar Personnel		Date	