

TAHOLAH SCHOOL DISTRICT

REGISTRATION FORM

Date: _____

Student Last Name First Name Middle Name Legal Last Name

Present Grade Sex Birthdate Home Phone Home Language

Primary household: Name(s) of persons WITH WHOM THE STUDENT IS LIVING

Living with (Check One)

____ Both Parents ____ Mother Only ____ Father Only ____ Self ____ Agency ____ Other
____ Guardian ____ Mother/Stepfather ____ Father/Step Mother ____ Step Mother/Step Father

Parent/Guardian Last Name First Name Work Place/City Business Phone Cell Phone/Email

Parent/Guardian Last Name First Name Work Place/City Business Phone Cell Phone/Email

Parent/Guardian Mailing Address City State Zip

Parent/Guardian Mailing Address City State Zip

Emergency Information: List two local persons (other than yourself) usually available during the school

Name Relationship to Student Address Phone Number

Name Relationship to Student Address Phone Number

Enter the name of your family physician who may be contacted by a school staff member when the parent cannot be reached and medical assistance is indicated. Please note that when Fire Department Medical Unit responds they will contact available emergency room physician who may in turn contact your family physician. If you have no family doctor, you can state any local physician.

Family Doctor: _____

Family Dentist: _____

Second Household Information

Parent/Guardian Last Name	First Name	Work Place/City	Business Phone	Cell Phone /Email
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Parent/Guardian Last Name	First Name	Work Place/City	Business Phone	Cell Phone /Email
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Parent/Guardian Mailing Address	City	State	Zip
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Parent/Guardian Mailing Address	City	State	Zip
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School Mailings to this address? Yes No

Residency Verification: the residency information provided on this form is true and accurate as of this date. I understand that the falsification of an address or the use of any other fraudulent means to achieve enrollment or assignment shall be cause for revocation of the student's enrollment and assignment to the school serving the home attendance area.

Parent/Guardian Signature: _____ Date: _____

