

**STUDENT REGISTRATION INFORMATION FORM**

STUDENT'S LEGAL NAME

\_\_\_\_\_  
 LAST FIRST MIDDLE

PHY ADDRESS

\_\_\_\_\_  
 CITY

STUDENT MAILING ADDRESS

STREET CITY STATE ZIP CODE PHONE (Home /Student Cell)

2ND MAILING ADDRESS

STREET CITY STATE ZIP CODE RELATIONSHIP

PARENT E-MAIL

PARENT E-MAIL2

IS THE STUDENT HISPANIC OR LATINO?

LANGUAGE SPOKEN AT HOME

YES NO MALE FEMALE

IS THE STUDENT: ( Choose one or more. You must select at least one.)

CAUCASIAN AK NATIVE AMERICAN INDIAN ASIAN BLACK PAC ISLANDER/HAWAIIAN

STUDENT'S DATE OF BIRTH

STUDENT'S PLACE OF BIRTH

STUDENT RESIDES WITH

MO. DAY YEAR CITY STATE PARENTS - FATHER - MOTHER  
 JOINT - GUARDIAN -ETC

**Parent/Guardian Contact Information**

NAME	RELATIONSHIP	HOME PHONE #	WORK PHONE #	EXT.	CELL PHONE #	PLACE OF EMPLOYMENT
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Emergency Information**

IF UNABLE TO CONTACT PARENTS, IN CASE OF EMERGENCY OR ILLNESS, WHO SHALL WE CALL AND TO WHOM MAY WE RELEASE YOUR CHILD?

EMERGENCY NAME	HOME PHONE #	WORK PHONE #	EXT.	CELL PHONE #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DOCTOR'S NAME

PHONE #

**MEDICAL ALERT:** CONDITION \_\_\_\_\_ MEDICATION \_\_\_\_\_  
 ALLERGIES/REACTIONS \_\_\_\_\_ TREATMENT \_\_\_\_\_

**School Information:**

Name of last school attended \_\_\_\_\_

Address of last school attended \_\_\_\_\_

Have you ever attended school in the Kenai Peninsula Borough? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you qualify for any type of Special Education services? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently receiving any type of Special Education services? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, check the courses that your student was enrolled in at his/her previous school.

Study Skills Speech Gifted/Talented/Quest Resource Life Skills

THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE:

SIGNATURE OF PARENT OR GUARDIAN

DATE

IN CASE OF EMERGENCY, STUDENT RELEASED TO:

(\*\* FOR OFFICE USE ONLY \*\*)

DATE