

STUDENT'S ADDRESS RELATED INFORMATION

Residence - Where is your child/family currently living? (federally mandated by NCLB) - *Please check appropriate box.*

- | | |
|--|---|
| <input type="checkbox"/> In a permanent residence (house, apartment, condo, mobile home) | <input type="checkbox"/> In a motel/hotel |
| <input type="checkbox"/> Temporarily doubled-up (sharing housing with other families/individuals due to economic hardship or loss) | <input type="checkbox"/> Temporarily Unsheltered (car/campsite) |
| <input type="checkbox"/> In a shelter or transitional housing program | <input type="checkbox"/> Other (Please specify): _____ |

PRIMARY CONTACT INFORMATION

_____	_____	_____
<i>First</i>	<i>Middle</i>	<i>Last</i>
<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepfather
<input type="checkbox"/> Stepmother	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Foster/Group Home
<input type="checkbox"/> Caregiver		

Is the above (checked) person(s) the student's LEGAL guardian? Yes No *(If no, please complete a Caregiver Affidavit)*

Does student live with this contact? Full-time Part-time Student does not reside with contact

Primary Contact's RESIDENTIAL address:

_____	_____	_____	_____	_____	_____
<i>House # and Street Name</i>	<i>Apt #</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Housing Area</i>

Primary Contact's MAILING address (if different than student's household/residential address):

_____	_____	_____	_____	_____	_____
<i>House # and Street Name or PO Box</i>	<i>Apartment #</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Housing Area</i>

Telephone #: _____ <small>Primary # for this contact</small> <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other: _____	Telephone #: _____ <small>Alternate # for this contact</small> <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other: _____
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_____	_____	_____
<i>Contact Email Address</i>	<i>Employer/ Occupation</i>	

Is Contact in the Military? Yes No

_____	_____	_____	_____
<i>Branch</i>	<i>Unit</i>	<i>Rank</i>	

SECONDARY CONTACT INFORMATION

_____	_____	_____	_____
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Receives Mail?</i>
<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Stepmother	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Foster/Group Home	<input type="checkbox"/> Caregiver

Is the above (checked) person(s) the student's LEGAL guardian? Yes No

Does student live with this contact? Full-time Part-time Student does not reside with contact

Secondary Contact's RESIDENTIAL address:

_____	_____	_____	_____	_____	_____
<i>House # and Street Name</i>	<i>Apt #</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Housing Area</i>

Secondary Contact's MAILING address (if different than student's household/residential address):

_____	_____	_____	_____	_____	_____
<i>House # and Street Name or PO Box</i>	<i>Apartment #</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Housing Area</i>

Telephone #: _____ <small>Primary # for this contact</small> <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other: _____	Telephone #: _____ <small>Alternate # for this contact</small> <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other: _____
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_____	_____	_____
<i>Contact Email Address</i>	<i>Employer/ Occupation</i>	

Is Contact in the Military? Yes No

_____	_____	_____	_____
<i>Branch</i>	<i>Unit</i>	<i>Rank</i>	

REGISTRATION WILL NOT BE CONSIDERED COMPLETE UNTIL ALL REQUESTED INFORMATION HAS BEEN RECEIVED

Print Parent/Guardian Full Name

Parent/Guardian Signature

Date