

STUDENT REGISTRATION FORM
Grand County High School/Grand County School District

Last Name (student) _____ First _____ Middle _____ Date _____
(nombre de estudiante)
Date of Birth _____ M.F. _____ Place of Birth _____ Grade _____

If not born in the U.S., date you entered the U.S. _____, date first enrolled in U.S. School _____

Physical Home Address _____ City _____ Zip _____
(residencia)

Mailing Address _____ City _____ Zip _____
(buzo'n)

Home Phone # _____ Message Phone # _____
(tele'fono)

E-Mail Addresses: _____

Name of last school attended _____

Address of last school attended _____

Student Lives with: Father Mother Guardian Step Parent Grandparent Other

Please circle which apply then fill out the info that applies to that person

Father's Name: _____ Cell # _____ Work # _____
(nombre de padres) *(trabajo)*

Mother's Name: _____ Cell # _____ Work # _____
(nombre de madres) *(trabajo)*

Guardian's Name: _____ Cell # _____ Work # _____

Other Name(s): _____ Cell # _____ Work # _____

Emergency Contact Name & Phone Number: _____

Special Health Conditions (i.e. take medications, insect/food allergies): _____

Special Education (I.E.P.): _____ 504 Plan _____ YES _____ NO

Legal Issues the School needs to be aware of (court orders, etc. If there is a court order the school will need a copy to keep on file): _____

List Siblings Names/Dates of Birth: _____

Ethnicity: American Indian*/Alaskan _____ Asian _____ Black _____ Hispanic _____ Pacific Islander _____
White, not of Hispanic Origin _____ *Native American Tribal Affiliation: _____

I hereby authorize the school principal or his/her designee, to secure medical services for my child, at my expense, including Doctor, hospital and ambulance services. If I cannot be reached promptly by phone, or if, in his/her judgment, medical help is immediately required without time to reach me.

Parent/Guardian Signature _____

Acknowledgement that your students' photo might appear in the: YEARBOOK ___ Yes ___ No DEVILS' ADVOCATE ___ Yes ___ No

TIMES INDEPENDENT ___ Yes ___ No MOAB SUN ___ Yes ___ No INTERNET ___ Yes ___ No

If you choose **NO**, please fill out the DISCLAIMER form.

