NWABSD STUDENT REGISTRATION FORM

Parents, please turn in all paperwork to your school!
Fax: 866-929-1167
Email: registrar@nwarctic.net

[To be filled out by school]
Name of school:_____
Student's grade level:_____
First day in school:_____

STUDENT INFORMATION

Student's ***LEGAL*** name:_____
Last First Middle

Date of birth:_____/_____/_____ Gender: **MALE** / **FEMALE**

Last school attended, city, state:_____Grade level:_____

Student mobile phone:_____Student mobile provider:_____

Is the student Hispanic or Latino? (please circle): **YES / NO**

Please circle the race(s) that you wish to identify (please circle all that apply):
African American **American Indian** **Alaska Native** **Asian** **Caucasian** **Native Hawaiian/Pacific Islander**

PARENT/GUARDIAN INFORMATION

Name	Name
Relationship to student	Relationship to student
Home phone	Home phone
Work phone	Work phone
Mobile phone Mobile service provider	Mobile phone Mobile service provider
Email:_____	Email:_____

Mailing address:_____Physical address:_____

City:_____State:_____Zip:_____

EMERGENCY CONTACT INFORMATION (LOCAL)

Name Relationship to student Phone number

OTHER CHILDREN IN THE FAMILY

Name	Grade	Name	Grade

Parent/Guardian signature:_____Date:_____