

WEST FARGO PUBLIC SCHOOLS

GRADES 9 - 12 REGISTRATION FORM 2012-2013

Please Print	School to Attend:	Attended a West Fargo School before? Yes <input type="radio"/> No <input type="radio"/>	Previous School:	
Student's Legal Name:	<i>Last, First, Middle</i>		Student ID #: (Office Use Only)	
Date Entered & Grade:	<i>Date:</i>	<i>Grade:</i>		
Birth Date:	<i>Month, Day, Year</i>		Gender:	<i>(Please circle)</i> M F
Ethnicity and Race:	<i>(Check one please)</i> Hispanic or Latino Yes <input type="radio"/> No <input type="radio"/>	<i>(Check all that apply)</i> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian/ Other Pac Islander <input type="radio"/> Asian <input type="radio"/> White		
Special Services:	<i>(Check one if applicable)</i> _____ Current IEP (Individualized Education Plan) _____ 504 Plan			
Street Address:	<i>(Required)</i>			
City, State, ZIP:				
Home/Primary Telephone #:				
Parent/Guardian:				Foster Home Yes <input type="radio"/> No <input type="radio"/>
School District Parent/Guardian Resides:	_____ West Fargo School District _____ Mapleton School District _____ Other _____ Unknown			
Parent/Guardian 1	<i>Last, First, Middle</i>		*Legal Party Yes <input type="radio"/> No <input type="radio"/>	Resides with Yes <input type="radio"/> No <input type="radio"/>
Relationship: <i>(Please circle)</i>	Father Mother	Stepfather Stepmother	Foster Father Foster Mother	Grandfather Grandmother
			Uncle Aunt	Brother Sister
Address:				Extra Mailing Yes <input type="radio"/> No <input type="radio"/>
City, State, ZIP:				
Telephone #'s:	Home:	Cell:	Work:	Work Ext:
Employer:				
Email Address:				
Parent/Guardian 2	<i>Last, First, Middle</i>		*Legal Party Yes <input type="radio"/> No <input type="radio"/>	Resides with Yes <input type="radio"/> No <input type="radio"/>
Relationship: <i>(Please circle)</i>	Father Mother	Stepfather Stepmother	Foster Father Foster Mother	Grandfather Grandmother
			Uncle Aunt	Brother Sister
Address:				Extra Mailing Yes <input type="radio"/> No <input type="radio"/>
City, State, ZIP:				
Telephone #'s:	Home:	Cell:	Work:	Work Ext:
Employer:				
Email Address:				

- OVER PLEASE -

* Legal Party: Select "Yes" if you have legal authority to make decisions on behalf of this student.

Parent/Guardian 3	<i>Last, First, Middle</i>				*Legal Party Yes <input type="radio"/> No <input type="radio"/>		Resides with Yes <input type="radio"/> No <input type="radio"/>	
Relationship: <i>(Please circle)</i>	Father Mother	Stepfather Stepmother	Foster Father Foster Mother	Grandfather Grandmother	Uncle Aunt	Brother Sister	Other	
Address:							Extra Mailing Yes <input type="radio"/> No <input type="radio"/>	
City, State, ZIP:								
Telephone #'s:	Home:	Cell:	Work:	Work Ext:				
Employer:								
Email Address:								
Parent/Guardian 4	<i>Last, First, Middle</i>				*Legal Party Yes <input type="radio"/> No <input type="radio"/>		Resides with Yes <input type="radio"/> No <input type="radio"/>	
Relationship: <i>(Please circle)</i>	Father Mother	Stepfather Stepmother	Foster Father Foster Mother	Grandfather Grandmother	Uncle Aunt	Brother Sister	Other	
Address:							Extra Mailing Yes <input type="radio"/> No <input type="radio"/>	
City, State, ZIP:								
Telephone #'s:	Home:	Cell:	Work:	Work Ext:				
Employer:								
Email Address:								
Primary & Secondary Emergency Email Contacts: <i>Check only <u>one</u> Primary and <u>one</u> Secondary</i>		Parent/Guardian1 Pri. <input type="radio"/> Sec. <input type="radio"/>	Parent/Guardian2 Pri. <input type="radio"/> Sec. <input type="radio"/>	Parent/Guardian3 Pri. <input type="radio"/> Sec. <input type="radio"/>	Parent/Guardian4 Pri. <input type="radio"/> Sec. <input type="radio"/>			
Medical Alert 1: Any special needs:	<i>Ex: Allergic to medications, wears glasses, etc</i>							
Medical Alert 2:								
Emergency Name & Relationship:	<i>Please list contact other than Parent/Guardian 1-4</i>							
Emergency Phone Number:								
Emergency Name/Relationship 2:	<i>Please list contact other than Parent/Guardian 1-4</i>							
Emergency Phone Number 2:								
Hospital Preference:	(Please circle) Essentia Hospital		Sanford Hospital		Either hospital			
Immunization Complete:	<i>(Please circle)</i> YES NO		Birth Certificate: <i>(Please circle)</i> YES NO					
Bus Student:	<i>(Please circle)</i> YES NO							

Office Use Only

Student ID # _____ HR Teacher # _____ Homeroom _____

HR Teacher Name _____ HR Teacher Section # _____

Counselor # _____ Locker # _____

Registration Fees Paid _____ Yes _____ No Enrollment Date _____