

BROKEN BOW PUBLIC SCHOOLS STUDENT REGISTRATION FORM

STUDENT INFORMATION

Today's Date _____ Expected first day of attendance _____

Legal Last Name _____ Legal First Name _____

Legal Middle Name _____ Preferred Name _____

Date of Birth _____ Age _____ Grade _____ Gender Male Female

Birthplace _____ Previous School _____

Special Programs your child has been in _____

(Parent or guardian's signature)

(Date)

OFFICE USE ONLY:

Student ID _____ NSSRS _____ Graduation Year _____

FATHER OR MALE GUARDIAN OF STUDENT

Last Name _____ First Name _____

Street Address _____ City _____ State _____ Zip _____

Relationship to student _____ Has Custody Yes No Student lives here Yes No

Employer _____ Occupation _____

Work Phone _____ Home Phone _____ Cell Phone _____

Email address _____

MOTHER OR FEMALE GUARDIAN OF STUDENT

Last Name _____ First Name _____

Street Address _____ City _____ State _____ Zip _____

Relationship to student _____ Has Custody Yes No Student lives here Yes No

Employer _____ Occupation _____

Work Phone _____ Home Phone _____ Cell Phone _____

Email address _____

EMERGENCY CONTACT FOR STUDENT

Last Name _____ First Name _____

Street Address _____ City _____ State _____ Zip _____

Relationship to student _____

Work Phone _____ Home Phone _____ Cell Phone _____