## WARREN ALVARADO OSLO JUNIOR/SENIOR HIGH SCHOOL

STUDENT REGISTRATION INFORMATION 2018/2019

## STUDENT INFORMATION (Please Print)

		//	
LEGAL LAST, FIRST and MIDDLE NAME		BIRTHDATE	GRADE
HOME ADDRESS	CITY, STATE, ZIP CODE	HON	ME TELEPHONE
GIVE THE NAME OF A FRIEND OR RELA		SIBILITY IN CASE	OF AN
EMERGENCY WHEN NEITHER PARENT (	CAN BE REACHED:		
NAME	HOME ADDRESS		
NAME	HOME ADDRESS	_	
CELL PHONE	HOME PHONE	WORK PHONE	
THNIC GROUP AND RACE CATEGOR	RIES		
If both questions are not answered, school pers	sonnel are required to make selections	for both.	
1) Is this student Hispanic or Latino? (choose onl  No, not Hispanic or Latino	ly one)		
Yes, Hispanic or Latino (a person of Cuban, Me	exican, Puerto Rican, South or Central America	or other Spanish culture or	origin,regardless of rac
		•	
2) What is the student's race? (select all that appl American Indian or Alaska Native (a perso		of North and South Ameri	ca, including Central
America and who maintains tribal affiliation or cor	mmunity attachment.)		
Asian (a person having origins in any of the origin Cambodia, China, India, Japan, Korea, Malaysia, F	inal peoples of the far east, Southeast Asia, or the Pakistan, the Philippine Island, Thailand, and V	the Indian subcontinent inc Tietnam.)	cluding, for example,
☐ Black or African American (a person having	gorigins in any of the black racial groups of Af	rica.)	
Native Hawaiian or Other Pacific Islander Islands.)	(a person having origins in any of the original	peoples of Hawaii, Guam,	, Samoa, or other Pacifi
White (a person having origins in any of the origi	inal peoples of Europe, North Africa, or the Mi	ddle East.)	
☐ Hispanic			
HOME LANGUAGE LAN	NGUAGE OF CORRESPONDENCE		
ARENTS/GUARDIANS LIVING IN SAM	IE HOUSEHOLD AS STUDENT		
NAME: (LAST) (FIRST)	NAME:(LAST)	(FIRS)	T)
RELATIONSHIP TO STUDENT: (FIRST)		O STUDENT:	
HOME PHONE WORK PHONE	HOME PHONE	WORK PHO	NE
CELL PHONE	CELL PHONE		
E-MAIL ADDRESS	E-MAIL ADDRESS		
PLACE OF EMPLOYMENT	PLACE OF EMPLOY	MENT	
ARENTS/GUARDIANS LIVING AT AN A			
NAME:	NAME:		
(LAST) (FIRST) RELATIONSHIP TO STUDENT:	(LAST) RELATIONSHIP TO	(FIRS <sup>*</sup> O STUDENT:	Τ)
ADDRESS:		o stobeitti	
CITY, STATE, ZIP	CITY, STATE, ZIP_		
HOME PHONE WORK PHONE	HOME PHONE	WORK PHON	NE
CELL PHONE E-MAIL ADDRESS	CELL PHONE	E-MAIL ADDRES	SS
PLACE OF EMPLOYMENT	PLACE OF EMPLOYN	MENT	