Warroad High School
Registration
School Year 20___ -20 ___

STUDENT NAME_____
Last **First** **Middle**

Date of Entry _____ **Grade:**_____ **Receives Special Ed services:** _____

Physical Address: _____

_____

Mailing Address: _____
(if different from above)

_____

_____ _____**Age:**_____
Date of Birth Place of Birth

Race: Am. Indian _____ Asian _____ Hispanic _____ Black, not Hispanic_____

White –Non Hispanic_____ Native Hawaiian/Pacific Islander_____

Father's Name _____

Address (if different from student): _____

Phone: (H)_____©_____ Business: _____

Mother's name: _____

Address (if different from student): _____

Phone: (H)_____©_____Business: _____

Guardian's Name_____

Address (if different from student): _____

Phone: (H)_____©_____ Business: _____

Check if living with: Mother _____ Father _____ Both _____ Other _____

School Previously Attended: _____

City/State: _____

Phone: _____