

**WEST GLACIER ELEMENTARY SCHOOL DISTRICT #8
PUPIL REGISTRATION**

DATE: _____

HOME TELEPHONE# _____

GRADE: _____

RESIDENT SCHOOL DISTRICT _____

TEACHER: _____

STUDENT NAME _____

(FULL LEGAL NAME)

RESIDENT ADDRESS _____ MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SEX _____ DOB _____ AGE AS OF SEPT 10: _____

NUMBER IN FAMILY: IN GRADE SCHOOL _____, HIGH SCHOOL _____, OUT OF SCHOOL _____

LIST BY NAME AND BIRTHDATE ALL CHILDREN LIVING IN THE HOME WHO ARE NOT 21 YEARS OLD:

NAME	DOB
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FATHER'S NAME _____

OCCUPATION _____

MOTHER'S NAME _____

OCCUPATION _____

STEPPARENT/GUARDIAN:

NAME _____

OCCUPATION _____

CIRCLE ONE: GUARDIAN

STEPMOTHER

STEPFATHER

NAME OF SCHOOL PREVIOUSLY ATTENDED _____

ADDRESS _____ PHONE _____

PARENT/GUARDIAN SIGNATURE _____