KLAMATH FALLS CITY SCHOOLS REGISTRATION FORM

Formas de registro son disponibles en español. Por favor de pedir le una a la secretaria. Si usted necesita ayuda ir intérprete por favor llame a la oficina Bilingüe al teléfono (541) 883-4747.

Office Use Only:					
Enrollment Date					
Going into Grade Level					
1101110100111					

HOUSEHOLD Send mailings in Spanish:	Student Legal Name:					
Household Parent 1 (lives with): Language spoken at home:				ne	Suffix	
Household Parent 1 (lives with): Language spoken at home:						
Household Parent 1 (lives with): Language spoken at home:						
Language spoken at home:		<u>ISEHOLD</u>				
Name:						
Primary telephone:				O No O Yes		
Primary telephone:	Name:	Relationship: _				
Physical address: Mailing address (if different): E-mail address (if different): E-mail address (if different): E-mail address Employer Name: Work telephone: Extension: E	Primary telephone:	O Cell phone	Landline			
Mailing address (ir different): E-mail address: Employer Name: Work telephone: Extension:	Secondary telephone:	O Cell phone	Landline			
Mailing address (ir different): E-mail address: Employer Name: Work telephone: Extension:	Physical address:		_			
Mailing address (ir different): E-mail address: Employer Name: Work telephone: Extension:	House Number Street	Apt	City	State	Zip	
Employer Name:	Mailing address (if different):					
Household Parent 2 (lives with): Name:	E-mail address:					
Name:	Employer Name: V	Vork telephone:		Extension:		
Name:						
Primary telephone: Secondary telephone: E-mail address: Employer Name: Mon-resident Parent 1: Name:						
Cell phone Landline Landlin	Name:					
E-mail address: Employer Name: Mon-resident Parent 1:	Primary telephone:	Cell phone				
Mon-resident Parent 1: Relationship: Primary telephone: Extension:	Secondary telephone:	Cell phone	e Landline			
Mon-resident Parent 1: Relationship: Primary telephone: Extension:	E-mail address:					
Non-resident Parent 1: Name:	Employer Name:	Work telephon	e:	Extension:		
Non-resident Parent 1: Name:	NON PEO	IDENT FARMLY				
Name: Relationship: Primary telephone: Cell phone	<u>NON-RES</u>	IDENI FAMILY				
Name: Relationship: Cell phone	N 11 15 14					
Primary telephone: Secondary telephone: Mailing address: House Number Street E-mail address: Employer Name: Is the student allowed to leave with this parent? O Yes O No O Restraining order O Court order Send mailings Send mailings in Spanish: O No O Yes Documents must be on file with the school. Non-resident Parent 2: Name: Primary telephone: Cell phone O Landline Relationship: Primary telephone: O Cell phone O Landline Secondary telephone: O Cell phone O Landline Mailing address: House Number Street Apt City State Zip E-mail address:		D 1 (* 1.)				
Secondary telephone: Cell phone	Name:	Relationship: _			-	
Mailing address: House Number Street Apt City State Zip						
E-mail address: Employer Name: Is the student allowed to leave with this parent? Yes No Restraining order Court order Send mailings Send mailings in Spanish: No Yes Documents must be on file with the school. Non-resident Parent 2: Name: Primary telephone: Secondary telephone: Secondary telephone: House Number Street Apt City State Zip E-mail address:	Secondary telephone:	• Cell phone	• Landline			
E-mail address: Employer Name: Is the student allowed to leave with this parent? Yes No Restraining order Court order Send mailings Send mailings in Spanish: No Yes Documents must be on file with the school. Non-resident Parent 2: Name: Primary telephone: Secondary telephone: Secondary telephone: House Number Street Apt City State Zip E-mail address:	Mailing address:					
Employer Name:	House Number Street	Apt	City	State	Zıp	
Is the student allowed to leave with this parent? No Restraining order Court order Send mailings Send mailings in Spanish: No Yes Documents must be on file with the school. Non-resident Parent 2: Relationship:	E-ilidii duuless.	Nork tolophono:		Extension:		
Non-resident Parent 2: Name: Primary telephone: Secondary telephone: Mailing address: House Number Street Send mailings in Spanish: ○ No ○ Yes Documents must be on file with the school. Relationship: ○ Cell phone ○ Landline Apt City State Zip E-mail address:						
Non-resident Parent 2: Name: Relationship: Primary telephone: O Cell phone O Landline Secondary telephone: O Cell phone O Landline Mailing address: Apt City State Zip E-mail address:	·				hool	
Name: Relationship: Cell phone	Send mainings Send mainings in Spanish. 9 No	O res <u>Docuil</u>	ienis musi de o	iii iile willi lile SC	11001.	
Name: Relationship: Cell phone	Non resident Parent 2:					
Secondary telephone: O Cell phone O Landline Mailing address:		Polationship:				
Secondary telephone: O Cell phone O Landline Mailing address:	Drimany tolonhono:	Coll phone			-	
Mailing address:	Cocondary tolophone:	Cell phone				
E-mail address:	Mailing address:	• Cell prione	Landine			
E-mail address:	House Number Street	Ant	City	State	7in	
E I N E '	F-mail address:	Αρι	City	Slate	ΖIþ	
FMUIDIVELIVIAME. AND	E-mail address					
Is the student allowed to leave with this parent? • Yes • No • Restraining order • Court order						
☐ Send mailings Send mailings in Spanish: ○ No ○ Yes Documents must be on file with the school.	·		•		hool	

For additional non-resident parents, please add a separate sheet of paper. Thank you.

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EMERGENCY CONTACT

Allowed to leave with student?	Name	Relationship	Cell phone	Home telephone	Work telephone			
O Yes O No	Nume	rtciationamp	Och phone	Tiome telephone	Work telephone			
O Yes O No								
• Yes • No								
O Yes O No								
		CTUDE	NIT.					
Student Legal Na	ame:	STUDE						
	Name: First Name Middle Name L Place of birth:			Last Name	Suffix			
Gender:	can Indian or Alaskan Nativ	Ethnici		nic Hispanic				
☐ Nativ	e Hawaiian or Other Pacific	Islander □ Wh	ite					
Grade level:		Cell pr	ione:					
Does this student have a current IEP (Individual Education Plan)/504 plan and/or needs Special Education? O No O Yes If yes, in what area(s)?								
Last school attended: Last grade completed: Last day of attendance: Last school address:								
	ner schools previously attend	ded/address/city/stat	e:					
	Sibling's Name		<u>Age</u>	<u>School</u>				
By signing this form, I am stating I have read and understand the information on this document.								
Parent/Guardian	arent/Guardian Signature: Date:							

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