

BRISTOL BAY BOROUGH SCHOOL DISTRICT
FULL-TIME STUDENT REGISTRATION FORM

First _____ Middle _____ Last _____

Nickname: _____ Male _____ Female _____

Mailing Address: _____ Zip _____

Physical Address: _____

Residence is on: Federal Land _____ Indian Land _____ Private Land _____

Home Phone # _____ Cell Phone # _____

Grade Entering: _____ School Year: _____ State ID# (if known) _____

Date of Birth _____ Place of Birth _____

Is this student Hispanic or Latino? ___ Yes ___ No **Select one or more of the ethnicity categories:**

___ Caucasian ___ African American ___ Hispanic ___ Alaska Native ___ American Indian

___ Asian ___ Native Hawaiian or other Pacific Islander

Father's Last Name _____ First Name: _____

Where Employed: _____ Phone: _____

Mother's Last Name _____ First Name: _____

Mother's Maiden Name _____

Where Employed: _____ Phone: _____

Guardian's Last Name _____ First Name: _____

Where Employed: _____ Phone: _____

Emergency Contact _____ Phone# _____

Migrant Education Info Y _____ N _____ (moved to area for any type of fishing employment).

Has the student been expelled at anytime during the previous school year? Yes _____ No _____

Parent/Guardian Signature _____ Date _____

(FOR OFFICE USE) Birth Certificate ___ Immunizations ___ Physical ___ Transcripts _____