

17-21 Years of Age - New Student Registration

STUDENT INFORMATION:

Student Legal Name:_					
	Last Name	First Name	Middle Name		
Birthdate:		Gender: M	_ F Non-Bina	ry	
Ethnicity: White	Hispanic African or Afri	can American Asian/Pac	ific Islander 1	Native American	
Place of Birth:					
How long has the stud	ent lived in CO?	How long has the s	tudent lived in the	US?	
United States Citizen:	Yes No				
Mailing Address:					
City:		State:	z	ip:	
Telephone Numbers:	Cell:	Home:			
	Work:	Employ	/er:		
E-Mail Address:					
SCHOOL HISTORY	:				
Has the student previo	ously been enrolled in a Mo	rgan County School District?	YES: N	IO:	
School:	l: Last Grade ATTENDED:				
List school(s) attended	l by this student in another	district, beginning with the r	nost recent:		
	chool Attended		City State	 Years	
50	Allooi Attellueu		City, State	redis	
Sc	chool Attended		City, State	Years	

PARENT/LEGAL GUARDIAN INFORMATION (if student is under 18):

1: PARENT/GUARDIAN	NAME:			
		Last Name	First Name	
Relation to Student(s):				-
Mailing Address:			_ City, State, Zip:	
Residence Address:			_ City, State, Zip:	
Telephone Numbers:	Cell:		Home:	
	Work:		Employer:	
E-Mail Address:				
2: PARENT/GUARDIAN	NAME:	Last Name	First Name	
Relation to Student(s):				
Mailing Address:			_ City, State, Zip:	
Residence Address:			_ City, State, Zip:	
Telephone Numbers:	Cell:		Home:	
	Work:		Employer:	
E-Mail Address:				