

# White Pine Charter School

## Registration Information

STUDENT NAME:

Legal Last Name

First Name

Middle Name

Grade

ADDRESS

Street Address

City

Zip Code

Mailing Address (If Different than Street Address)

Date of Birth: \_\_\_\_\_ Student's Gender F / M Email \_\_\_\_\_  
(Month) (Day) (Year)

Guardianship: Mother Father Both Parents Other Specify \_\_\_\_\_

Child Primarily Resides with (school year) Mother Father Both Parents Other specify \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Father's Employer: \_\_\_\_\_  
Father's Name: (Circle one that applies) Father, Step-Father, or Guardian

Home # \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_ Mother's Employer: \_\_\_\_\_  
Mother's Name: (Circle one that applies) Mother, Step-Mother, or Guardian

ETHNICITY: (Federal requirement)

**1. Choose One**

- Hispanic or Latino  
 Not Hispanic or Latino

**2. Choose all that apply:**

- American Indian or Alaska Native       Asian       Black or African American  
 Native Hawaiian/ other Pacific Islander       White       Hispanic/Latino of any race

**EMERGENCY CONTACTS (Other than Mother or Father)**

#1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medical Alert: \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_

**Choose all that apply:**

- Student 504 Plan       Migrant       Gifted and Talented  
 Limited English Proficient       Special Education       Title I