



Greyhills Academy High School Day ____

Summer School SY 2022

PRINT CLEARLY > STUDENT'S INFORMATION:

Student's NAME: _____ SS#: _____
(LAST NAME) (FIRST NAME) (MID INT)

DOB: _____ BIRTH PLACE: _____ (circle one) MALE FEMALE

Tribal Affiliation: _____ Census#: _____ Home Agency: _____

Student's cell #: _____ Student's email: _____

Mailing Address: _____ City: _____ STATE: _____ ZIP: _____

Home Location _____ (draw diagram pg.2)

STUDENT PARENT/GUARDIAN INFORMATION

Parent(s)/Guardian(s)						
Father/Stepfather/Guardian			Relationship to student	Resides with Student Y N (YES NO)	May Excuse Attendance * Y N	Rights to Student Info * Y N
First Name:	Middle	Last				
Name:						
Employer/Occupation Title			Home Phone	Cell Phone/Pager		
Home address if Different than Student's City/State/Zip			Work Phone	Email Address		
Mother/Stepmother/Guardian			Relationship to student	Resides with Student Y N	May Excuse Attendance * Y N	Rights to Student Info * Y N
First Name:	Middle	Last				
Name:						
Employer /Occupation Title			Home Phone	Cell Phone/Pager		
Home address if Different than Student's City/State/Zip			Work Phone	Email Address		

NOTE: ALL Guardian(s) shall have certified COURT guardianship on file with the school registrar. (Note: Notary signed Guardianship are not acceptable)

In Case of Emergency Notify:

Name/Relationship _____ Phone: _____

Name/Relationship _____ Phone: _____

Previous School Attended: _____ Grade Completed: _____

Drop Date: _____ Address: _____

Telephone: _____

OTHER:

What is the primary language of this student? _____

Has student received Special Ed Service or have current **IEP**? NO___ YES ___if yes, specify_____

Has student ever been in the gifted program? NO___ YES ___if yes, specify_____

Has student ever been expelled? NO___ YES___ if yes, specify_____

NOTE: Any student/parent who willfully misrepresents, falsifies, this information may result in exclusion of student from further consideration for school registration.

Has student ever been retained? NO___ YES ___if yes, specify_____

Does your child reside in a fixed, regular, and adequate nighttime residence? YES___NO___

Parent/Guardian Signature: _____

Date: _____

Map to Home location/use space below (be specific):



Parent/Guardian Signature: _____ Date: _____

Student Signature: _____