

Contact Information

First Parent / Legal Guardian	Relationship to student: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Step-mother <input type="radio"/> Step-father <input type="radio"/> Guardian		
	First Name	Last Name	Lives with student: <input type="radio"/> Yes <input type="radio"/> No
	Home Phone () -	Cell Phone () -	Day Phone () -
	Email	Employer	
Second Parent / Legal Guardian	Relationship to student: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Step-mother <input type="radio"/> Step-father <input type="radio"/> Guardian		
	First Name	Last Name	Lives with student: <input type="radio"/> Yes <input type="radio"/> No
	Home Phone () -	Cell Phone () -	Day Phone () -
	Email	Employer	
Optional Other Relevant Adult	Relationship to student: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Step-mother <input type="radio"/> Step-father <input type="radio"/> Guardian		
	First Name	Last Name	Lives with student: <input type="radio"/> Yes <input type="radio"/> No
	Home Phone () -	Cell Phone () -	Day Phone () -
	Email	Employer	

Emergency Contact Information

In the event of an emergency and if the primary contacts on this form cannot be reached, please specify at minimum one person which can be contacted should the need arise: _____

	Name (Last, First)	Phone	Phone Type	Relationship
Emergency Contact #1			<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work	
Emergency Contact #2			<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work	
Emergency Contact #3			<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work	

Declaration

The information provided in this document is true, correct and complete. I have identified all parents and legal guardians for this student. The individuals identified in the "Contact Information" section have the right to view student information and make educational decisions for this child, unless the student has registered as an Independent. **I will notify the school of any changes to the information on this form.**

Signature of Custodial Parent / Legal Guardian / Independent Student _____

Date: _____

Students 18 years of age and older:

Any student 18 years of age or older may self-register within Northern Lights School Division #113. **If you wish to declare independent status and limit parental access to academic information, please do so below and initial in the space provided.**

Are you declaring independent status? YES NO Initials: _____