

## Central Lyon 2016-2017 Registration Form

**Parent/Guardian Name:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

My name/address has changed since last year: (please circle one) **YES** **NO**

**Address**

City/State/Zip: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Please indicate below if your student has any medical situation that the school should know about such as asthma, diabetes, heart problems, epilepsy seizures, paraplegic, hearing loss, physical handicap, medications or allergies, or other (please specify).

**Child's name & medical situation:**

\_\_\_\_\_

\_\_\_\_\_

**Ethnicity:** H = Hispanic or Latino N = Non Hispanic or Latino

**Race:** A=Asian, B=Black or African American, I=American Indian or Alaska Native, P=Native Hawaiian or Pacific Islander, W=White, O=Other

STUDENT'S FIRST & LAST NAME	BIRTHDATE	GRADE	ETHNICITY	RACE	
1					<b>Country Born In:</b> Numbers of years student has attended school in the US: _____
2					<b>Country Born In:</b> Numbers of years student has attended school in the US: _____
3					<b>Country Born In:</b> Numbers of years student has attended school in the US: _____
4					<b>Country Born In:</b> Numbers of years student has attended school in the US: _____
5					<b>Country Born In:</b> Numbers of years student has attended school in the US: _____
6					<b>Country Born In:</b> Numbers of years student has attended school in the US: _____
7					<b>Country Born In:</b> Numbers of years student has attended school in the US: _____

	Fee	Reduced	Waived	# Students	Total
Book Fees (PS - 8)	\$35.00	\$14.00			
Book Fees High School	\$45.00	\$18.00			
Activity Ticket	\$50.00	\$20.00			
Meal Account					

**Paid By:** Check # \_\_\_\_\_ Cash \_\_\_\_\_

<b>Total Fee</b>	
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