Parent's Last Name				Student's Last Name			
Home Address				City		Home P	hone
	Alpine	Scho	ool I	District .	Junior High	n School	
	•				C	ORMATION	
	<u> </u>	101			102 11 (1		
	•					e at school. This may	
acting the guardian o	_						
s to care for your chi	lld in case of an er	nerge	ncy. I	Kegistra	tion is not co	omplete without this	s signed form.
ist your students atte	ending this school,	oldes	st firs	t.			
TUDENT INFORM	ATION						
AST NAME	FIRST NAME	M	M/F	GRADE	BIRTH DATE	PLEASE LIST ANY H	IEALTH PROBLEM
	FION						
'ARENT INFORMA' NAME	HON	EM	(IPLO	YER V	WORK PHONE	CELL PHONE	E-MAIL ADDRES
ATHER:							
OTHER:							
UARDIAN:							
Alpine School	District requires a	a lega	l gua	rdian or	a person au	thorized by the gua	ardian to sign for
our student to be rele							
take your child who	•		cted.	If someo	ne who is no	t listed below comes	to check out you
rudent we will not be			المحاسب	to aboat	z out myzatud	lant from achool	
	ls listed below are				•		
Name:							
				Phone:			
						Relationship:	
						f an emergency, the	
	aramedics if it is f						
amoutance of the po	Name:					Phone:_	
•							
Physician's		r oorto	in in	dividuale	from obsolzi	ng this student out?	Nos no

Signature of parent or guardian Relationship to the student I attest by this signature that I am the Legal Custodial Parent or Legal Guardian of the students(s) above. Falsifying any of the above information could result in legal action.