

DISCOVERY PUBLIC SCHOOL OF FARIBAULT DIST. 4081 STUDENT REGISTRATION APPLICATION 2016-2017

*We believe all children can learn. We believe a trusting, caring, and nurturing environment must pervade the entire school.
We believe the primary purpose of education is to teach children "how" to learn.
We believe children must take responsibility for and be actively involved in their learning.*

Date Received: _____

SCHOOL I.D.	Legal Name: _____			
	(Surname)	(First Name)	(Middle Name)	
	Goes By (A.K.A. Name): _____		Grade: _____	
	Address: _____			
	(Street Address)	(City)	(State)	(Zip Code)
	Telephone: _____ / _____		_____ / _____	
	(Home)	(Cell)	(Work)	(Other)

PARENT/LEGAL GUARDIAN INFORMATION	<u>FATHER (Guardian)</u>	<u>MOTHER (Guardian)</u>	<u>OTHER (Guardian)</u>
	Does student reside with Father? <input type="radio"/> Yes <input type="radio"/> No	Does student reside with Mother? <input type="radio"/> Yes <input type="radio"/> No	Does student reside with "Other"? <input type="radio"/> Yes <input type="radio"/> No
	Is Father Legal Guardian? <input type="radio"/> Yes <input type="radio"/> No	Is Mother Legal Guardian? <input type="radio"/> Yes <input type="radio"/> No	Is "Other" Legal Guardian? <input type="radio"/> Yes <input type="radio"/> No
	NAME: _____	NAME: _____	NAME: _____
	ADDRESS: _____	ADDRESS: _____	ADDRESS: _____
	_____	_____	_____
	CITY ST. ZIP CODE	CITY ST. ZIP CODE	CITY ST. ZIP CODE
	HOME PHONE: _____	HOME PHONE: _____	HOME PHONE: _____
	WORK PLACE: _____	WORK PLACE: _____	WORK PLACE: _____
	WORK PHONE: _____	WORK PHONE: _____	WORK PHONE: _____
CELL PHONE: _____	CELL PHONE: _____	CELL PHONE: _____	
EMAIL: _____	EMAIL: _____	EMAIL: _____	

Education	Last School Attended: _____	Name	City	State	Telephone	Last Grade Completed
	Other School Attended: _____	Name	City	State	Telephone	Last Grade Completed
	(Please list other schools on back if necessary. Thank-you!)					

PHOTO AUTHORIZATION	Discovery Public School would like to use pictures from class and activities on our website. No student names or personal information or references will be made about the student. Please sign below if you approve possibly posting your child's picture on the DPS web page (www.isd4081.org), without identifying information.		
	Signature of Parent/Guardian	Student	Date

I hereby certify the foregoing information given is true, correct, and complete to the best of my knowledge and belief.

Signature of Parent/Guardian	Relationship to Student	Date	Daytime Phone Number
Signature of Parent/Guardian	Relationship to Student	Date	Daytime Phone Number

(Both parents' signatures required if equally responsible for student)