

Please complete both sides of this form.

Student Full Legal Name:

Gender:

Birthdate:

Current Grade:

Student resides: Mother ____ Father ____ Both ____ other _____

Household Parent 1:**Relationship to student:****Email Address: (please print)**

Physical Address:

Mailing Address:

City:

State:

Zip Code:

Primary Phone:

Message Phone:

Employer:

Work Phone:

Household Parent 2:**Relationship to student:****Email Address:**

Physical Address:

Mailing Address:

City:

State:

Zip Code:

Primary Phone:

Message Phone:

Employer:

Work Phone:

Transportation

Picked up from school?

Bus home from school?

Other? (Please indicate special instructions)

Walk?

If my child wants to go home with a friend, I will send a note including the friend's name, address and phone number.

Please list any special accommodations your child may require, including food allergies:

Information Release: I/we authorize the Lapwai Afterschool Program to obtain documents relative to and consistent with my child's education. I/we authorize the Lapwai Afterschool Program to obtain information from any agency or program providing supplemental services. I/we authorize the Lapwai Afterschool Program, 21st Century Community Learning Center and State Department of Education to share confidential information and work together in providing services for students. I/we authorize the Lapwai Afterschool Program to use your child's photograph and name in video or other electronic recording in various education programs for publicity purposes. We would like to be a part of the Lapwai Afterschool Program. I hereby give my permission for my child to participate in all 21st Century Community Learning Center Activities.

In case of an emergency, illness or accident, we will attempt to contact the parent/guardian first. In the event we cannot contact them, please provide the name of a relative or close friend that we may contact.

Name: _____ Primary Phone: _____

Relationship to student: _____ Work Phone: _____

Name: _____ Primary Phone: _____

Relationship to student: _____ Work Phone: _____

Other desired procedure in the case of an emergency: _____

Indian Health: _____

Race and Ethnicity: (Note: Both Part A and Part B of the question must be answered.)

Part A: Is this student Hispanic/Latino? (Choose only one)

- No, not Hispanic/Latino**
- Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

Part B: What is the student's race? (Choose one or more)

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.)
- Enrolled Tribal member: Yes No Tribe** _____
- Asian** (A person having origins in any of the original peoples of the Far East, southeast Asian, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any other original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

I attest that the information contained herein is correct to the best of my knowledge.

(Parent/Legal Guardian Signature)

(Date)