

Registration form for:  
**COLFAX MINGO COMMUNITY SCHOOLS**

**STUDENT INFORMATION**

Name: (First)			(Middle)			(Last)		
Date of birth:						Phone:		
Current address:								
City:			State:			ZIP Code:		
Grade:			Gender: M      F			Student Cell:		
Race/Ethnicity: American Indian __ Asian __ Black/African American __ Hawaiian/Pacific Islander __ White								
Hispanic: Yes or No								
Previous School:								

**PARENT/GUARDIAN INFORMATION**

Father (last, first):								
Resides with: Yes or No						Home Phone:		
Cell Phone:			Employer:			Work Phone:		
Email:								
Mother (last, first):								
Resides with: Yes or No						Home Phone:		
Cell Phone:			Employer:			Work Phone:		
Email:			State:			ZIP Code:		

**IF INFORMATION NEEDS TO BE SENT TO A DIFFERENT ADDRESS FOR A PARENT/GUARDIAN~PLEASE FILL IN**

Contact (last, first):								
Relationship:			Resides with: Yes or No			Home Phone:		
Mailing Address:								
City:			State:			ZIP Code:		
Employer:			Work Phone:			Cell Phone:		
Contacts Email:								

**EMERGENCY CONTACT INFORMATION**

Name	Relationship	Primary Phone Number	Secondary Phone Number
1)			
2)			
3)			
4)			

**DOCTOR**

Name:	Phone:
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In case of accident or serious illness, I request that the school contact me. If school personnel are unable to reach me, I hereby authorize them to call an ambulance and transport my child to the nearest medical facility.

Parent/Guardian Signature	Date
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