

Pupil Registration Form

2024-2025 SY

Name _____

School Yaak Elementary Teacher Sabre' Alderete Date _____

Birthdate _____ Age as of this Date _____ Grade _____

American Indian/Alaska Native Asian American Black/African American Hispanic/Latino

Native Hawaiian/Pacific Islander White, Non-Hispanic

Name of Parents (or Guardians) _____

Address _____ Phone # _____

Date of Entering This School this Year _____

School Attended This Year before Entering This School _____

County and State _____

Number of Children in Family ___ Brothers, Sisters ___ Number in Grade School ___ High School ___

Number at home too young to go to school ___

How Far away is residence from school _____