

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 _____