

DORM REGISTRATION FORM

NEW _____ RETURNEE _____

NAME AGE GRADE SEX DORM

DOB CENSUS NO. TRIBE CHAPTER

GUARDIAN/FATHER GUARDIAN/MOTHER

1ST CONTACT PERSON WORK PHONE HOME PHONE CELL PHONE

2ND CONTACT PERSON WORK PHONE HOME PHONE CELL PHONE

MAILING ADDRESS

PHYSICAL ADDRESS

E-MAIL ADDRESSES

SCHOOL LAST ATTENDED ADDRESS

PHYSICAL INFORMATION ON RESIDENTIAL STUDENT

HEIGHT WEIGHT BUILD EYE COLOR

HAIR COLOR HAIR LENGTH COMPLEXION EYE GLASSES CONTACTS
Y / N Y / N

NOTICEABLE IDENTIFICATION MARKS (Birthmarks, scar, tattoo, piercing, etc.)

FRIDAY TRANSPORTATION

We hereby give _____ permission to ride the Wingate High School bus on Fridays
Student

to _____ . I have read and fully understand the Permission Letter and
Destination

the Transportation Section of the Parent/Student Handbook.

PARENT SIGNATURE DATE