

LA RESOLANA LEADERSHIP ACADEMY

Phone: 505-243-8114 FAX: 505-243-8385

Laresolanaleadership.com

2016-2017 REGISTRATION FORM

TODAY'S DATE: _____

STUDENT ID #: _____

LAST NAME		FIRST NAME		MI	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>		
STREET ADDRESS					HOME PHONE #			
CITY		STATE	ZIP CODE	CELL PHONE #				
EMAIL ADDRESS								
DATE OF BIRTH		AGE	GRADE FOR 2016-17 SCHOOL YEAR	LAST GRADE COMPLETED				
SCHOOL LAST ATTENDED					DATE LAST ATTENDED			
If Student was not born in the USA – give name of country:		Number of years student has been living in the USA			Has student been consecutively enrolled in USA public schools for more than 3 years? Y <input type="checkbox"/> N <input type="checkbox"/>			
Is this student Hispanic or Latino? Y <input type="checkbox"/> N <input type="checkbox"/>		What is the Student's race/ethnicity? <input type="checkbox"/> American Indian/Alaska Native Tribe: _____ <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Additional Race/Ethnicity _____						
Primary Home Language				Students Native Language				
F A T H E R	Last Name		First Name		MI	Living with this parent? Y <input type="checkbox"/> N <input type="checkbox"/>	Legal Guardian? Y <input type="checkbox"/> N <input type="checkbox"/>	Home Phone #
	Street Address					Zip Code	Cell Phone #	
	Employer Name & Address						Work Phone #	
M O T H E R	Last Name		First Name		MI	Living with this parent? Y <input type="checkbox"/> N <input type="checkbox"/>	Legal Guardian? Y <input type="checkbox"/> N <input type="checkbox"/>	Home Phone #
	Street Address					Zip Code	Cell Phone #	
	Employer Name & Address						Work Phone #	

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