

Pioneer Springs Community School

2017-2018 Student Lottery Registration Form

STUDENT INFORMATION:

Full Name: _____
First Middle Last (preferred)

Grade Level: What grade is this child currently in for the 2016-2017 school year? _____
I am registering this child for _____ grade for the 2017-2018 school year.

Is this child a Multiple Birth Sibling? (twin, triplet, quadruplet, etc?) Circle: Yes No

IF YES, PLEASE REMEMBER THAT A SEPARATE REGISTRATION FORM MUST BE FILLED OUT FOR EACH CHILD YOU WOULD LIKE TO REGISTER.

MAILING ADDRESS:

Street/Apt#/P.O. Box # _____ City _____ State _____ Zip _____

Home Number: _____

Date of Birth: _____ (MM/DD/YY)

Age as of 8/31/17: _____

NAME OF CURRENT SCHOOL:

PARENT/GUARDIAN INFORMATION:

Parent 1 First Name: _____ Last Name: _____ Cell #: _____

Parent 2 First Name: _____ Last Name: _____ Cell #: _____

SIBLING INFORMATION: Please list all siblings.

Full Name: _____ D.O.B. _____ Entering Grade _____ for 2017/18 School Year.

Full Name: _____ D.O.B. _____ Entering Grade _____ for 2017/18 School Year.

Full Name: _____ D.O.B. _____ Entering Grade _____ for 2017/18 School Year

Full Name: _____ D.O.B. _____ Entering Grade _____ for 2017/18 School Year.

IMPORTANT: A confirmation containing your Lottery Registration Number will be sent to the email address provided below. Please *print clearly*. If you do not have an email address, please write "send by mail".

Parent Signature

Date

Print Name