

Family Registration (Please Print)

### Lone Jack C-6 Enrollment

Student Proper Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_\_

Race:  American Indian or Alaskan Native,  Asian,  Pacific Islander,  Black (not Hispanic),  Hispanic,  White,  Other \_\_\_\_\_

Check One:  I live in the Strasburg School District  I live in the Lone Jack School District

Previous school name and district: \_\_\_\_\_

**Primary Parent**

Prefix: (Circle One) Miss, Mr., Mrs., Ms. First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Relationship to Child: (Circle One) Aunt, Father, Legal Guardian, Grandmother, Grandfather, Mother, Uncle, Other: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County: \_\_\_\_\_  
Home Tel: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Email Address \_\_\_\_\_

**Primary Parent Spouse**

Prefix: (Circle One) Miss, Mr., Mrs., Ms. First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Relationship to Child: (Circle One) Aunt, Father, Guardian, Grandmother, Grandfather, Mother, Uncle, Other: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County: \_\_\_\_\_  
Home Tel: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Email Address \_\_\_\_\_

**Alternate Parent 1**

Prefix: (Circle One) Miss, Mr., Mrs., Ms. First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Relationship to Child: (Circle One) Aunt, Father, Guardian, Grandmother, Grandfather, Mother, Uncle, Other: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County: \_\_\_\_\_  
Home Tel: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Email Address \_\_\_\_\_

**Alternate Parent 2**

Prefix: (Circle One) Miss, Mr., Mrs., Ms. First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Relationship to Child: (Circle One) Aunt, Father, Legal Guardian, Grandmother, Grandfather, Mother, Uncle, Other: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County: \_\_\_\_\_  
Home Tel: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact Name-Other Than Parent: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Emergency Contact Name-Other Than Parent: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_