

Warren-Alvarado-Oslo High School

STUDENT INFORMATION

Please Print

LEGAL LAST, FIRST and MIDDLE NAME _____ BIRTHDATE _____ GRADE _____

SEX _____ TEACHER _____ STUDENT ID _____ MARSS ID # _____ ETHNICITY _____

SIBLINGS: _____

- 1 - Am. Indian
- 2 - Asian or Pacific Isl.
- 3 - Hispanic
- 4 - Black (non-Hispanic)
- 5 - White (caucasian)

PARENT/GUARDIAN PRIMARY CONTACT INFORMATION

Type _____	Relation _____	Name _____
Address _____	Home Phone _____	_____
City, State Zip _____	Work Phone _____	_____
Email _____	Cell Phone _____	_____
Current Password _____		

PARENT/GUARDIAN SECONDARY CONTACT INFORMATION

Type _____	Relation _____	Name _____
Address _____	Home Phone _____	_____
City, State Zip _____	Work Phone _____	_____
Email _____	Cell Phone _____	_____
Current Password _____		
<input type="checkbox"/> Educational Rights - Mail Report Cards?	<input type="checkbox"/> Include in School Mailings?	

STORM CONTACT INFORMATION

Name _____
Address _____
City, State Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____

EMERGENCY CONTACT INFORMATION

Name _____
Address _____
City, State Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____