

GRADE

EAST OAKLAND LEADERSHIP ACADEMY STUDENT REGISTRATION

▶ Has your student ever attended ___ OUSD public schools before? Yes No

PLEASE PRINT – STUDENT’S LEGAL NAME

Legal First Name Legal Middle Name Legal Last Name Other Legal Name (if applicable)

Male Female

Birth date:

Month Day Year

Parent/Guardian First Name Last Name Home Phone Work Phone

Parent/Guardian First Name Last Name Home Phone Work Phone

Mailing Address Apt# City State Zip

Residence Address (house # & street name) (IF DIFFERENT) Apt # City State Zip

(P.O Box or house # & street name)

Parent/Guardianship Information (with whom the student lives) – check all that apply

Father Mother Both Step-Father Step-Mother Guardian Foster/Group Home Other _____

Is the above (checked) person (s) the student’s LEGAL guardian? Yes No If No, please complete a “Caregiver Affidavit”

If there is a legal custody agreement regarding this student, please check one: Joint Custody Sole Custody Guardian

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. Father Step Father/Guardian (check one) Full Name: _____

Employer: _____ City: _____ Daytime Phone # (____) _____

2. Mother Step Mother/Guardian (check one) Full Name: _____

Employer: _____ City: _____ Daytime Phone # (____) _____

DUPLICATE MAILING – If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, Please include their name, address, and phone number:

Full Name: _____ Phone #: (____) _____

Mailing Address: _____ City: _____ State: _____ Zip code: _____