

GRADE
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## 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)
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<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth date:			
		Month	Day	Year	

Parent/Guardian First Name	Last Name	Home Phone ( ) ( )	Work Phone ( ) ( )
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Parent/Guardian First Name	Last Name	Home Phone ( ) ( )	Work Phone ( ) ( )
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Mailing Address	Apt#	City	State	Zip
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Residence Address (house # & street name) (IF DIFFERENT)	Apt #	City	State	Zip
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(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: \_\_\_\_\_