D:	Date of Registration:	Dat	Date Starting:	
Birthdate:	Grade:	YOG:	HR	: <u></u>
	Birth City/State:			
J.S. Citizen: yes no	Home Phone:			
tudent's Home Address:				
	(Si	reet)		
(City) Student's Mailing Address if	(St different from street address a	(State) (Zip) (Zip)		
(Street/PO Box) Home Phone: ()	(City)		(State)	(Zip)
(1) ETHNICITY:	(2) RACE: Please che	ck one. If no box is ch	ecked, a box wil	l be checked for yo
	ino? Asian Whi			
	Aman Indian / Alaska Nis	tive Pacific Is	lander/Native Ha	awaiian
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