



Diablo Nippongo Gakuen

REGISTRATION FORM

2021-2022

STUDENT LAST NAME:

DATE: _____

STUDENT INFORMATION

Last Name	First Name	Middle
Date of Birth	Grade (K-12 in 2021-22 School Year)	Gender Identity
Race/Ethnicity (Check all that apply)		
<input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native American/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other (please state) _____ <input type="checkbox"/> Decline to state		

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1	Last Name	First Name	Relationship
Home Address		City	Zip Code
Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell	Secondary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell	E-mail Address	
Parent/Guardian #2	Last Name	First Name	Relationship
Home Address		City	Zip Code
Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell	Secondary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell	E-mail Address	

ADDITIONAL EMERGENCY CONTACTS (other than parents)

	Name	Telephone	Relationship to Student
1			
2			

If the student has any medical condition that you feel the school should be aware of, explain below:

Please check this box if child has a life-threatening allergy and **complete forms:**
 (1) *Permission to Give Medication*; (2) *Life Threatening Medical Alert*