

Student Last Name: _____

Diablo Nippongo Gakuen Registration Form

Date: _____

Student Information:

Last Name	First	Middle
Date of Birth	Grade (K-12 in 2020-21 School Year)	Gender
Race/Ethnicity (Check one or more.)		
<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic		
<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other (please state) _____ <input type="checkbox"/> Decline to comment		

Parent / Guardian Information:

Father	Last Name	First Name		
Home Address		City	Zip	
Primary Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell	Secondary Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell	E-mail Address
Mother	Last Name	First Name		
Home Address		City	Zip	
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

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

Please check this box if your child has a life-threatening allergy. Additional forms are required.