

**Lafayette District Virtual School  
Student Registration Form**

**Date:** \_\_\_\_\_

**Please fill in the following student information:**

Full Name: \_\_\_\_\_

Physical (911) Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

**ETHNICITY:** Is the student of: Hispanic/Latino origin? Yes or No  
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**RACE: PLEASE MARK ALL THAT APPLY. MORE THAN ONE MAY APPLY TO YOUR CHILD!!!**

American Indian or Alaskan Native?	Yes	or	No
Black or African American?	Yes	or	No
Native Hawaiian or Other Pacific Islander?	Yes	or	No
Asian?	Yes	or	No
White?	Yes	or	No

**MILITARY ACTIVITY:** A parent\* of this child is an Active Member of our Armed Forces. Yes or No  
\*For this question, Parent is defined as natural parent or appointed legal guardian.

**CONTACT INFORMATION:**

Home Phone #: ( ) \_\_\_\_\_ Grade: \_\_\_\_\_ Social Security #: (Optional) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

OR

Guardian's Name: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Do you plan on participating in any extra-curricular activities? (i.e.: sports & etc. please list)

\_\_\_\_\_

Has the student attended Lafayette District School previously?      Yes    or    No

Do you live in **Lafayette County**?    Yes    or    No (If **NO**, please list the county you currently live in below)

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Name of school attended: (Including Home Education Programs)

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Parent/Guardian Signature

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Date