

## Registration Statement

The Garfield Board of Education requests that you provide the following information:

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

The student(s) and siblings residing with you are:

Full Name:	Age:	Grade:	School:

I, \_\_\_\_\_ affirm that I am the natural parent or legal guardian of the student(s) listed above, I further state that this form and the attached documentation constitute true and accurate proof that the student(s) listed above reside with me within the City of Garfield. If any student(s) stops living with me, or if I relocate my residence out of the City of Garfield, I will promptly notify the Garfield School District Authorities in writing.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are false, I am subject to punitive action.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date