

GARFIELD PUBLIC SCHOOLS

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:

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