

Delta High School Enrollment Form

5801 Broadmoor Ave. Pasco, WA 99301



Today's Date ____/____/____

Boundary School District _____

Home High School _____

Student's Legal Last Name:		Student's Legal First Name:		Student's Middle Name:	
Birth date: ____/____/____		Student Preferred Name:		Grade:	
Does this child have school records by any other name? If so, please list all:					
Parent/Guardian(s) at Primary Address 1 (Format: John & Jane Smith):					
Parent/Guardian(s) at Primary Address 2 (Format: John & Jane Smith):					
Primary Address 1:		City:		State:	Zip:
Primary Address 2:		City:		State:	Zip:
Mother E-mail Address:			Father E-mail Address:		
Home Phone #		Is this # unlisted?	YES	NO	Restrict Directory Information? YES NO
Gender Male Female Other					