



Fayette R-III School District

Family Registration

Date: _____

Primary Parent (legal guardian): (please print)

First/last Name: _____

Head of Household - ☐ Yes ☐ No

Relationship: _____

Home Phone: _____

Address: _____

Primary Parent Spouse:

First/last Name: _____

Relationship: _____

All school-age children in household (in the same family):

Name

Grade

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature: _____

For Office use only: Registration completed: _____