



NORTH STAR CHARTER SCHOOL
 839 N. LINDER ROAD, EAGLE, IDAHO 83616
 PHONE: (208)939-9600 FAX: (208)939-6090

FAMILY REGISTRATION FORM 09-10
 (PLEASE COMPLETE ONE FORM PER FAMILY- PRINT CLEARLY)

Family Last Name: _____ Home Phone _____

Family e-mail address: _____

Home physical address _____

City _____ State _____ Zip _____

Mailing address if different than above: _____

Father/Guardian Name _____ Work/Cell Phone _____

Mother/Guardian Name _____ Work/Cell Phone _____

Stepmother/Guardian Name: _____ Work/Cell Phone _____

Stepfather/Guardian Name: _____ Work/Cell Phone _____

Emergency Numbers: Please list 2 local people other than those already listed or sitter:

1. _____ Relationship: _____

Home Phone _____ Cell Phone _____ Work Phone _____

2. _____ Relationship: _____

Home Phone _____ Cell Phone _____ Work Phone _____

Please list all students living at home in grades K-12:

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

I understand that if my child was offered a spot in a class at North Star because they had preferential sibling status and the sibling that gave them that status withdraws before attending the school for a minimum of 6 months, they will lose their spot and be placed back on the bottom of the waiting list.

How did you hear about North Star? Please circle all that apply:

Radio Newspaper Mailer Website Billboard

School counselor Private School Other Charter School

Family Friend Other _____

Please provide a copy of proof of residency with this form (i.e. utility bill, driver's license, voter registration card).

Signature of Parent/Guardian _____ **Date** _____