

**CO MARATHI SHALA  
STUDENT REGISTRATION FORM**

**STUDENT INFORMATION:**

Student's Name (from Passport / Birth Certificate – use ALL CAPITALS)	
School District	Grade
School Name	

**PARENT/LEGAL GUARDIAN INFORMATION:**

Parent/Legal Guardian Name			
Relationship to Student (circle one)	Mother	Father	Legal Guardian
Address			
Phones	Home	Mobile	

Name			
Relationship to Student (circle one)	Mother	Father	Legal Guardian
Address			
Phones	Home	Mobile	

Are there any biological/adoptive parent(s) that do not have custody of the student that requires us to not release your student to them? If Yes, please provide relevant documentation and meet the School Coordinator in person.  
(circle one)

Yes    No

Parent(s)/Guardian(s)/Legal Custodian(s) Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent(s)/Guardian(s)/Legal Custodian(s) Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_