



Registration Form

School _____

Parent/Caregiver (Please Print)

Have you attended Parent University Classes before?
 Yes No

Parent Date of Birth _____

First Name _____ Middle Initial _____ Last Name _____ Male Female

Street Address _____ Apt. # _____ City _____ State _____ Zip _____

Parent Contact Info	Relationship to Student	Primary Language
Home Phone:	Parent <input type="checkbox"/>	English <input type="checkbox"/>
Cell Phone:	Guardian <input type="checkbox"/>	Spanish <input type="checkbox"/>
Work Phone:	Grandparent <input type="checkbox"/>	Other _____
Email Address:	Other _____	

Are you a former Bakersfield City School District Student? Yes No Highest Education Level _____

Have You Participated/Volunteered In Any of the Following Areas at Your Child's School Site?

SSC ELAC DAC DELAC PALs Other _____

Student Information (Please Print)						
First Name	Middle Initial	Last Name	Grade	Date of Birth	School	Student ID #
Photo/Video Release			I grant Bakersfield City School District Parent University the right to take photos and/or video of me or my family in connection with the above identified event. I authorize BCSD's Parent University to copyright, use, or publish the photographs/videos in print or electronically.			

Office Use Only (Please Print)	
Parent/Guardian Signature	Facilitator:
	Module:
Date	Session: _____ School: _____