

ALEXANDRIA PUBLIC SCHOOLS  
P.O. BOX 308  
ALEXANDRIA, MN 56308  
(320) 762-2141

Date \_\_\_\_\_

Name of Living Parents or Guardian

Father \_\_\_\_\_

Mother \_\_\_\_\_

Guardian \_\_\_\_\_

\*\*\*\*\*

Address \_\_\_\_\_

County \_\_\_\_\_

Township \_\_\_\_\_

Telephone # \_\_\_\_\_

Mailing address if (different from above)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give us, in detail, how to get to your house using county or state road, names of neighbor and landmarks to help with busing.

\_\_\_\_\_

\_\_\_\_\_

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LIST ALL CHILDREN IN FAMILY IN ORDER OF BIRTH

	First name	Middle	Last	Sex	Birthdate	Grade
1.	_____					
2.	_____					
3.	_____					
4.	_____					
5.	_____					