MCI -Registration Form Keep your information up to date through your parent portal online.

Office Use Only		Home Room#		Student ID #	State ID #	
Advisor Name:	Counselor:			District Entry Date:	School Entry Date:	

Please have your parent/guardian complete the information requested below:

WAR LON	DATA INFORMATION								
Last Name		-	First Name			Middle Name			
Grade Level	09, 10,11,12	Date of Birth	Month	_/Day/	Year	Gender	Male Female		
School Admission Status		Supt. ssion Agreement					C. C. U		
Ethnicity Please circle one	Asian, Black / African American, Caucasian / White. Hispanic, American Indian / Native Alaskan American Indian / Native Alaskan American Indian / Native Alaskan Yes or No Is the individual from one or more of the following races? (circle at least one)								
Home Language: (Circle one)	English, Span Other	sh, Spanish, French, German, Japanese, Korean, Russian, Vietnamese, Chinese (Cantonese/HongKong), Chinese (Mandarin/Tawian),							
	STUDENT INFORMATION								
Student place of birth:	County of Birth:				State of Birth:	Country of Bir	Country of Birth:		
Town of your primary	residence:Burn	nam 067Detroit	123Pittsfi	eld 346	Other:				
Student Resides with:	MotherFather	Stepfather	_Stepmother	_Guardian					
	Previously Home Schooled:YesNo				Previously Retained in Grade:YesNo				
	Birth Mother's Firs	Nother's First Name:				Mother's Maiden Name:			
Student's Home Tel: Student Cellphone: Student's Email:									
SA BELLEVIA		Parent / Gua	rdian mailir	ng and re	sident informat	ion:			
Primary Residence Info	rmation:	Primar	y resident must be in	Burnham, Det	roit, or Pittsfield, unless I	Day Admission			
Mother's Name:	Last: First:				Home Phone:	Email:			
	Cellphone:	Work #	Work # Employer:						
	Mailing Address:								
	Physical Address:								
	City	City			State	Zip			
Father's Name					Home Phone:	Email:			
	Cellphone:		Employer:						
	Mailing Address:								
	Physical Address:								
	City	City State			State	Zip			
Guardians Name	Last: Cellphone:			Employer:	Home Phone:	Email:			
	Mailing Address:	Work "		cinproyer.					
	Physical Address:								
	City				State	Zip			
	Mother / Stepmother's Cel	I #:		Father / Stepfather's Cell #:					
	processors and contribute to the second second section of the sectio			(case to 100 m)					

Continued on the reverse side of this form. Thank you

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STATE OF THE PARTY OF THE PARTY.		Contract Contract	CONTRACTOR OF THE PARTY OF THE	A RESIDENCE	THE REAL PROPERTY.	CASING CO.		The second secon	
Stepmother:	Last:		Fit	rst:		Home Phone	0	Email:	
	Cellphone:		Work # Employer:					-	
	Mailing Address:								
	Physical Address.	50 pm # 100 pm 1							
	City					Zip			
			Fir			Home Phone		Email:	
Stepfather				51.	E-alouse	Trome r none		Email	
	Cellphone:		Work #		Employer:				
	Mailing Address:								
	Physical Address:								
	City					State		Zip	
	City					Sime Sime			
S. D. C. V. S. S. C.	DREEDS-53		CHEMINA I		PER PROPERTY.			THE SECOND STREET OF STREET	
EMERGENCY		I il not able to rea	ch one of the above				In desired bis		
Contact	First Name:			Last Name:			Relationship: Cell #:		
	Home Tel:			Work Tel.#	Work Tel.#				
1	Street Address:								
	City:			State:			Zip:		
THE PARTY NAMED IN COLUMN TWO IS NOT THE OWNER, THE OWN		THE REAL PROPERTY.	THE PERSON NAMED IN		10/10/19	THE WAR	STREET		
	Photo/Publica				1.11.1	. b . t	- /- id f	washild and to identify my shild by	
Check one:	· Yes,				on to publish	pnotograpn	is/videos of fi	ny child and to identify my child by	
	• No, I	riease do not	publish my chi	ia s picture					
TO SHARE SHARE	CONTRACTOR OF	The second	Contract State of	20021120	92-9299	STATE OF THE PARTY OF	W.F. School	THE RESERVE OF THE PARTY OF THE	
Parent's Education			What is the	e highest level o	f education yo	ur parent ha	is completed:		
	High School:	Graduated:	, GED:	Adult Ed	Other				
Father			.:, 4yrs.					1	
	6								
			, GED:						
Mother	College: 2yrs:	, 3yrs	.:, 4yrs.	:, Ot	her:		26		
Military Release	Federal law allows branches of the military to request the names of all students. If you prefer that your child's name not								
Info:			ete and sign th						
	I request that my child's name be released: I request that my child's name to the following branches of the m includes the Reserves of each milit								
						le Reserves of each military branchy.			
	US Army	US Navy	US Marines	US Air Force		Other:			
	Email report cards and school information to this email address:								
Report Card:									
	Mail report eards and school information:YESNO Will be mailed to addresses listed								
	Please sign	and prin	t your nam	e below:					
Parent/Guardian Signature			•						
Signature									
Printed Name							Date Signed	i:	
Other:									
				San Street of the last	VIII TO THE REAL PROPERTY.				
Please return to Donna	Cray Pegis	trar / Studen	t Data Coordi	nator:			Ouestions	207-487-4453, ext. 125	
dcray@mci-school	Clay - Regis	uai / Studen	. Data Coolul				4		
or mail to									
MCI									
Attn.: D. Crav									
295 Main Street									