

GRADE CHANGE  
 YES  NO   
 NEW GRADE \_\_\_\_\_

**ARLINGTON PUBLIC SCHOOLS  
 LANGSTON HIGH SCHOOL CONTINUATION PROGRAM  
 REGISTRATION**

WILL STUDENT  
 GRADUATE THIS  
 SEMESTER  
 YES  NO

NAME LAST		FIRST		MJ		GRADE LEVEL
STUDENT #	SEX	BIRTHDAY		AGE	PLACE OF BIRTH	SOCIAL SECURITY #
ARLINGTON ADDRESS		APT#	ZIP CODE	HOME AND/OR CELLULAR PHONE #'S		EMAIL
HAVE YOU EVER ATTENDED AN ARLINGTON SCHOOL BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHEN: _____ WHERE: _____				IF NOT ARLINGTON PUBLIC SCHOOL, _____ _____		
PARENT/GUARDIAN/SPOUSE NAME #1		EMAIL	ADDRESS			EMERGENCY PHONE #
PARENT/GUARDIAN/SPOUSE NAME #2		EMAIL	ADDRESS			EMERGENCY PHONE #

PERIOD	CLASS	ROOM	TEACHER	CREDIT 0.5 OR 1.0	FEE
1st 8:15-9:45					
2nd 9:50-11:20					
<b>LUNCH 11:20-12:05</b>					
3rd 12:10-1:40					
4th 1:45-3:15					
ONLINE/OTHER					

MIDTERM P1 \_\_\_\_\_ P2 \_\_\_\_\_ P3 \_\_\_\_\_ P4 \_\_\_\_\_

**STUDENT SIGNATURE** \_\_\_\_\_  
 Student if over 18 years of age

**REGISTERED BY** \_\_\_\_\_

**DATE** \_\_\_\_\_

OFFICE USE ONLY

<b>NEEDED DOCUMENTATION</b>		<b>Total Due</b> _____
<input type="checkbox"/> Request for Entrance and Health Information		
<input type="checkbox"/> Proof of Residence		
* Lease Agreement and/or A/B Forms or Deed/Mortgage Agreement		<b>Amount Paid</b> _____
* Write the A/B Form Date: _____		<input type="checkbox"/> Check
<input type="checkbox"/> Original Birth Certificate		<input type="checkbox"/> Money Order
<input type="checkbox"/> Immunization Records (TDAP must be within 5 Years)		<input type="checkbox"/> Cash
<input type="checkbox"/> Social Security Card or a Social Security Number Status Form		