



Lake County International
Charter School

REGISTRATION FORM

Student's Legal Name: _____
Last First Middle

Birth date: _____ Age _____ Grade Level _____ Gender: M F

Birth place: _____
City State Country

Mother/Guardian: _____ Resides with Student: Yes No
Last First

Address _____
Street City State Zip

Mailing Address _____
(if different from above) Street City State Zip

Home phone _____ Cell _____ Work _____

Name of employer: _____ Occupation: _____

Father/Guardian: _____ Resides with Student: Yes No
Last First

Address _____
Street City State Zip

Mailing Address _____
(if different from above) Street City State Zip

Home phone _____ Cell _____ Work _____

Name of employer: _____ Occupation: _____

Student's District of Residence: _____

Previous School: _____

Name of other children siblings living at home with student:

_____ Age _____ Grade _____

_____ Age _____ Grade _____

_____ Age _____ Grade _____

_____ Age _____ Grade _____

If your child has a personal or medical problem you think the school should be aware of, please list here:
(example: allergies, asthma, legal custody, restraining orders, etc.)

LCICS

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