



Lower Brule Schools District Office – 600 Crazy Horse Drive – PO Box 245 Lower Brule SD 57548 – 605-473-5510

Student Information

First Name: _____
Middle Name: _____
Last Name: _____
Birth Date: _____
Gender: _____
Ethnicity: _____
Primary Language: _____
SSN: _____
Transportation: _____
Physical Address: _____
Post Office Box: _____
City, State, Zip: _____

Parent/Guardian Information (Who the Student Resides with)

First Name: _____
Last Name: _____
Primary Phone: _____
Secondary Phone: _____
Relationship: _____
Email: _____
Employer: _____
Work Phone: _____
Physical Address: _____
Post Office Box: _____
City, State, Zip: _____

Mother: _____
Phone: _____
Address: _____
City, State, Zip: _____
Father: _____
Phone: _____
Address: _____
City, State, Zip: _____

Emergency Contact Information

First Name: _____

Last Name: _____

Primary Phone: _____

Secondary Phone: _____

Address: _____

Email: _____

Employer: _____

Work Phone: _____

List Anyone Who Has Permission to Check Your Child Out of School:

Required Documents

*Birth Certificate

*Tribal Enrollment

*Immunization

*Social Security Card (Copy will be made if available)

FOR OFFICE USE ONLY

Date Entered: _____

Locker Number: _____

Locker Combination: _____

Grade: _____

Student ID: _____

