

Fomka Cadeeynta Islawada Noolaanshada



Magaca Waalidka/Masuulka	Magaca Ardayga	Taariikhda Dalashada Ardayga	Nambarka Ardayga	Iskuulka uu Dhigto Iminka

Waxaan cadeeynayaa aniga oo ah Walidka/Masuulka ardayga magaciisa kor ku magacaaban in si joogta ah oo buuxda aniga ila noolyahay cinwaanka ama adhereeska kuyaalo:

Magaca qofka qaangaarka ah ee daga			
Adhareeska Wadada			
Magaalada iyo Gobolka		zib korka:	
Telefonka:			

Cadeeynta Shaqsiga Guriga Dagan

Waxaan fahamsanahay in Degmada xaq u leedahay inay xaqiijiyaan ansaxnimada macluumaadka kor ku xusan iyo iney dib ulanoqon karto xaqiijinta haddii degmada ay go'aamiso in macluumaadka lagu siiyey ee qoraalkani u taagan yahay been abuur . Waxa aan cadeynayaa , ciqaabta been abuurka , in macluumaadka hoosta laga xariiqay ee qoraalkani u taagan yahay run iyo sax iyo in Dagmada ay ku tiirsanaan doonto macluumaadkan si loo ogaado degenaanshada Waalidka/Masuulka kor ku xusan. Anigu waxaan oggolahay inaan u sheego Iskuulada Dadweynaha Dagmada Green Bay Area hal todobaad guduhiis hadii isbedel ku yimaado wada noolaanshadani.

Saxiixa Qofka weeyn oo Dagan Adhareeska

Taariikhda : _____

Marqaatiga: _____

Daabac Magaca: _____

Taariikhda: _____

NOTE: FORM MUST BE NOTARIZED ONLY IF SIGNED PRIOR TO PROVIDING TO DISTRICT
Oggow:Fomkani waa in notari lasaaro haddi aad saxiixdo kahor intaadan keenin Dagmada

This document was signed before me on the _____ day of _____, 20____, by

_____.

 *
 Notary Public, State of Wisconsin
 My commission expires: _____

Cadeeynta Waalidka/Masuulka Sharciga ah

Waxaan ahay Waalidka/Masuulka Ardayga magaciisa kor ku qoran. Waxaan halkani ku xaqiijinayaa in Ardayga magaciisa kor ku qoran aniga igula noolyahay adhereska kor lagu qoray. Waxaan fahamsanahay in Dagmada xaq u leedahay inay xaqiijyaan ansaxnimada macluumaadka kor ku xusan iyo ineey dib ulanoqon karto xaqiijinta haddii dagmada ay go'aamiso in macluumaadka lagu siiyey ee qoraalkani u taagan yahay been abuur . Waxa aan cadeynayaa , ciqaabta been abuurka , in macluumaadka hoosta laga xariiqay ee qoraalkani u taagan yahay run iyo sax iyo in Dagmada ay ku tiirsanaan doonto macluumaadkan si loo ogaado degaanshada ee Ardayga/Ardayda kor ku xusan.

Saxiixa Waalidka//Massulka Sharciga ah _____ Taariikhda: _____

Marqaati: _____ Taariikhda: _____
Magaca Qor: _____

NOTE: FORM MUST BE NOTARIZED ONLY IF SIGNED PRIOR TO PROVIDING TO DISTRICT

Oggow:Fomkani waa in notari lasaaro haddi aad saxiixdo kahor intaadan keenin Dagmada(Waxba Haku qorin Halkani)

This document was signed before me on the _____ day of _____, 20____, by

_____.

Notary Public, State of Wisconsin

My commission expires: _____

For School Office/Central Registration Use:

Iskuulka Ayaa Halkani Isticmaalaayo/Xarunta dhaxe ee Diiwangelinta

Received By: _____ Date: _____

Proof of Residency for Resident Adult Verified? _____ Document used: _____

Birth Certificate Verified? Yes No Enrollment Form Received? Yes No

Attendance Area School for this address: _____