



San Pasqual Education Department

Career/Higher Education

2025-2026 Registration Information

Full Name (first, middle, last)	Date of Birth	Name of School

Email Address	Phone #

Parent Name	*Cell Phone #	*Home / Work Phone #

Mailing Address	
Physical Address	

San Pasqual Tribally Enrolled Family Member's Name	Relation to Student

IN CASE OF EMERGENCY

Name	Phone #	Relationship	Address

In case of injury, I release the San Pasqual Education Department of all liability.

In case of emergency, when a parent or emergency contact is unavailable, the staff of the San Pasqual Education Department is authorized to obtain emergency medical care for me or send me to the nearest hospital by ambulance at my expense.

Signature

Date