



San Pasqual Education Department

12th Grade

2026 High School Graduation Registration

Student Full Name (last, first, middle)	Date of Birth	Name of School
Student Email Address	Student Cell Phone #	

Mailing Address	
Physical Address	

Parent Name	*Cell Phone #	Email Address

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

My son/daughter has my permission to participate in on-going events sponsored by the San Pasqual Education Department for the 2025-2026 school year or until I withdraw my permission.

I give my permission for Education Center staff to contact my student through their personal cell phone and email .

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 my child or send my child to the nearest hospital by ambulance at my expense.

Parent / Guardian Signature

Date

Please list any accolades/ awards your student has received during high school

Please tell us what your student's plan is for the future (school/work/etc)

Student's GPA _____ (Optional if not applying for Valedictorian or Salutatorian)

My student would like to be considered for Valedictorian _____ and/or Salutatorian _____

(a 1 page essay and transcript will be required by **5/11/26** if marked yes)