

Student Registration Form
Hinton Community School

Student Informaton

Legal Last Name:

Legal First Name:

Legal Middle Name:

** Preferred name if different from above

Student Lives With

Social Security Number

Grade in 2016-2017

Responsible Parent/Guardian

Primary Language

Primary Home Language

Gender

Date of Birth

Street Address

City

State

Zip

Home Phone or Preferred Cell #

Student's Cell Phone

County

Primary Student Language

Language Spoken at Home

Is the student Hispanic and/or Latino (circle one)

Yes

No

Race (Circle your choice/choices)

White Black American Indian Asian Native Hawaiian

Previous school attended or for TK/Kindergarten students list Preschool attended:

School/Preschool Attended

Phone

Address

City

State

Zip

Parent Informaton

Father:

Last Name

First Name

Street Address, City, State, Zip

Home Phone

Cell Phone

Work Phone

Employer

E-mail Address

Mother:

Last Name

First Name

Street Address, City, State, Zip

Home Phone

Cell Phone

Work Phone

Employer

E-mail Address

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If the student has or is living with a Step-parent, Guardian, Foster Parent, Custodian, etc indicate the name, relationship and numbers.

Name of Relationship:

Last Name

First Name

Street Address, City, State, Zip

Home Phone

Cell Phone

Work Phone

Employer

E-mail Address

Relationship Type

Name of Relationship:

Last Name

First Name

Street Address, City, State, Zip

Home Phone

Cell Phone

Work Phone

Employer

E-mail Address

Relationship Type

Medical Informaton

Physician's Name

Physician's Phone Number

Hospital Choice (circle one)

St. Lukes

Mercy

Floyd Valley

Other: _____

Dentist Name

Dentist Phone Number

In the case of an emergency, if necessary, take student to the nearest medical facility. (circle one)

Yes No

I give permission to share health information with the appropriate staff. (circle one)

Yes No

The school has my permission to give age/weight appropriate dosage of acetaminophen (Tylenol) (circle one)

Yes No

Emergency Contact Information

(Parent's will be contacted first then those listed below)

Name

Name

Relationship to Student

Relationship to Student

Work Phone

Work Phone

Home Phone

Home Phone

Cell Phone

Cell Phone

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