

Regional School District # 17 ~ HKMS Registration Form

STUDENT INFORMATION

ID: _____ Date of Registration: _____ Date Starting: _____
Name (Last, First, Middle): _____, _____, _____
Birthdate: _____ Grade: _____ YOG: _____ HR: _____
Counselor: _____ Birth City/State: _____
U.S. Citizen: yes _____ no _____ Home Phone: _____
Student's Home Address: _____
(Street)

(City) (State) (Zip)

Student's Mailing Address if different from street address above:

(Street/PO Box) (City) (State) (Zip)

Home Phone: (_____) _____

(1) ETHNICITY:

(2) RACE: Please check one. If no box is checked, a box will be checked for you.

Is the student Hispanic or Latino? Asian _____ White _____ Black/African Amer. _____

YES _____ NO _____ Amer. Indian/Alaska Native _____ Pacific Islander/Native Hawaiian _____

IF THE STUDENT LIVES WITH BOTH PARENTS AT THE SAME ADDRESS FULL TIME, SKIP BOX BELOW.

Do you have joint physical custody of your child? (circle one) YES NO

Circle which parent the student primarily lives with: MOTHER FATHER

Parent NOT enrolling student MUST sign Enrollment Agreement Form. (attached)

In the event of sole custody cases, legal documentation must be provided BEFORE student can be enrolled.

CONTACT INFORMATION

Mother's Name: _____ Email: _____

Address: _____ Town: _____

State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Father's Name: _____ Email: _____

Address: _____ Town: _____

State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Is this student new to this district? If no, last school and grade attended: _____

If yes, previous School/Address/City/State _____

Has this student ever had any of the following educational plans? (circle all that apply)

504

SRBI/RTI

IEP

Has the student ever been expelled or under consideration for expulsion? YES NO

Parent/Guardian Signature: _____ Date: _____