

Tri County High School Registration Form

Student Name: _____ Grade _____ Enroll Date: _____

Last First Middle

Date of Birth: _____ Birthplace: _____

Primary Language spoken by student _____ Primary Language spoken in home _____

Ethnic Code _____ Native Amer. (1) White/Caucasian (2) Hispanic/Latino (3)
African Amer. (4) Asian Amer. (5) Pacific Islander (6)

Home Phone: _____ Unlisted: Yes No Cell Number: _____

Home Address: _____

Number/Street Name City Zip

County _____ Township _____ Temporary Address: Yes No

School Last Attended _____

School Name Street Address City/State

Student Resides With _____ Student Legal Guardian _____

N/A if same

Mother/Step Mother/Adult Female _____ Father/Step Father/Adult Male _____
(circle one) Name (circle one) Name

Place of Employment _____ Place of Employment _____

Work Phone _____ Work Phone _____

E-mail Address: _____ E-mail Address: _____

Non-Custodial Parent Address: _____

Should non-custodial parent receive mailings? Yes No

Is this student currently subject to an order of probation? If yes, identify probation officer & phone number.

Probation Officer Name _____ Phone Number _____

Is this student currently placed in Special Education classes? Please specify by checking one or more of the following: EI _____ LD _____ EMI _____ SSW _____ Speech _____

Does this student have medical problems, which require special consideration? If so, please explain.

Student's 1st DTP shot given _____ (date)

Family Emergency Contact _____ Telephone Number _____

Family Physician _____ Telephone Number _____

I affirm that as the parent/guardian, all information provided above is true and accurate, and that my child and I reside at the listed address. I understand any false information provided by me may subject me to legal penalties for perjury and/or the district may deny enrollment.

Parent/Guardian _____

Date _____

For office use only:

Birth Certificate _____ Immunization Record _____ Verification of Residency _____