

FAMILY REGISTRATION FORM

HILLSBORO USD #410

Student #1	STUDENT'S LEGAL NAME - LAST	FIRST	MIDDLE	DATE OF BIRTH	GRADE	SEX	State any health or other conditions the school should know about
				MO. DAY YR.		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
<input type="checkbox"/> Does student have an IEP? <input type="checkbox"/> Has student(s) been expelled or suspended from your previous school?							

Student #2	STUDENT'S LEGAL NAME - LAST	FIRST	MIDDLE	DATE OF BIRTH	GRADE	SEX	State any health or other conditions the school should know about
				MO. DAY YR.		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
<input type="checkbox"/> Does student have an IEP? <input type="checkbox"/> Has student(s) been expelled or suspended from your previous school?							

Student #3	STUDENT'S LEGAL NAME - LAST	FIRST	MIDDLE	DATE OF BIRTH	GRADE	SEX	State any health or other conditions the school should know about
				MO. DAY YR.		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
<input type="checkbox"/> Does student have an IEP? <input type="checkbox"/> Has student(s) been expelled or suspended from your previous school?							

STUDENT(S) LIVE WITH: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> GRANDPARENTS <input type="checkbox"/> SISTER/BROTHER <input type="checkbox"/> MOTHER <input type="checkbox"/> FOSTER PARENTS <input type="checkbox"/> EXCH. STUDENT SPONSOR <input type="checkbox"/> FATHER <input type="checkbox"/> AUNT/UNCLE <input type="checkbox"/> LEGAL GUARDIAN	Last school attended - if other than USD #410 City, State:
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Information about family student(s) are currently living with: ADDRESS _____ APT. # _____ CITY _____ ZIP CODE _____ <input type="checkbox"/> The above address is out of the USD 410 school district.	NON-CUSTODIAL PARENT WISHING TO RECEIVE NEWSLETTERS & GRADES: NAME _____ ADDRESS _____ DAYTIME PHONE NUMBER _____ RELATIONSHIP TO STUDENT _____
Primary E-mail address _____ Home/Primary phone number () _____ FATHER'S NAME _____ SPECIFIC OCCUPATION _____ Cell Phone () _____ EMPLOYER _____ CITY _____ WORK PHONE () _____ MOTHER'S NAME _____ SPECIFIC OCCUPATION _____ Cell Phone () _____ EMPLOYER _____ CITY _____ WORK PHONE () _____	

PLEASE INDICATE AN ADULT(S) -OTHER THAN PARENTS- TO WHOM PERMISSION IS GRANTED TO ACT ON THE BEHALF OF THE PARENT IN THE EVENT OF AN EMERGENCY. We attempt to contact the parents first. However, this person would be contacted in the event that the school is unable to reach the parent.

NAME:	Primary PHONE NUMBER () _____	secondary PHONE NUMBER () _____	RELATIONSHIP TO STUDENT _____
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I CERTIFY THAT ALL THE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____

DATE _____