

Complete this auto fill form. Print and bring to registration.

# HEBRON HIGH SCHOOL 2015-16 NEW STUDENT REGISTRATION FORM

Items needed to complete registration: Birth Certificate, SS Card, Immunization Records, Proof of Residence

Entry Date \_\_\_\_\_ Grade \_\_\_\_\_ Student's State I.D. Number \_\_\_\_\_

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Student Cell \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_, Hebron, IN 46341

Mailing Address: \_\_\_\_\_, Hebron, IN 46341

Proof of residence provided.
<input type="checkbox"/> Yes <input type="checkbox"/> No

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Parent/Guardian E-Mail Address: \_\_\_\_\_

Child is living with: (Please Circle which applies) <i>Please provide names</i>
1. Natural Parent(s) <b>Both</b> - Mother _____ Father _____
2. Natural Parent Mother _____ Has Custody Papers: _____
3. Natural Parent Father _____ Has Custody Papers: _____
Other: (list name and Relationship)
Relative: _____ Relationship _____
Non-relative _____ Relationship _____
Foster Care _____
Is this address within the school's attendance district? <input type="checkbox"/> YES <input type="checkbox"/> NO
If NO, will this be a private tuition student? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are parents/guardians currently residing at this address? <input type="checkbox"/> YES <input type="checkbox"/> NO
If NO, date they anticipate moving into district _____

**Ethnic Code:** (Circle which applies)

- |                                    |                        |                             |
|------------------------------------|------------------------|-----------------------------|
| 1. American Indian, Alaskan Native | 2. Black, Not Hispanic | 3. Asian or Pacific Islands |
| 4. Hispanic                        | 5. White, Not Hispanic | 6. Multi-Racial             |

Last Grade Attended \_\_\_\_\_

Previous School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Fax Number: \_\_\_\_\_

**RESPONSIBLE PARTY FOR BOOK FEES:** \_\_\_\_\_

Has your child ever been expelled?  YES  NO

If YES, what was the reason? \_\_\_\_\_

If YES, for what period of time? Date(s) \_\_\_\_\_

Has your child ever been withdrawn from school to avoid expulsion?  YES  NO

If YES, what was the reason? \_\_\_\_\_

If YES, for what period of time? Date(s) \_\_\_\_\_

\*\*If YES applies to any of the above questions, forward a copy of papers to Principal

Has your child ever received or been tested for Special Education Services?  YES  NO

If YES, please provide documentation of disability

Has your child received Section 504 services?  YES  NO

If yes, for what disability? \_\_\_\_\_

What accommodations? \_\_\_\_\_

\*\*If YES, please forward a copy to the 504 Representative

Procedure for releasing students during the school day, illness or injury; is to first call home. If no answer at home, we will contact parent/guardian at work, or call emergency contact number on file.

Parent/Guardian Place of Employment: Telephone Number Ext Cell Phone

1. Father : \_\_\_\_\_

2. Mother: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION: *person you want contacted (not parents)***

Name Relationship Phone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

**Please list any know health problems, allergies or medication taken regularly:**

**Physician Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

May we send your child to the hospital by ambulance if needed?  YES  NO

**AUTHORIZATION**

I hereby give my permission for school officials to obtain services indicated above in case my child suffers illness or accident during the school day and parent/guardian cannot be reached. I authorize school officials to take whatever action is considered to be in the best interest of the child, and agree to assume the financial responsibility of any expenses incurred by such action.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**RESTRICTIONS**

Please list any person(s) to whom your child is not to be released:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Has a copy of a restraining order or court document been provided to the school?  YES  NO