

# Hazen Public School Registration Form

**STUDENT INFORMATION**

**Name:** \_\_\_\_\_  
First Middle Last

**Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Gender:**  Male  Female

**Language Spoken at Home** \_\_\_\_\_

**Is the student Hispanic or Latino?**  Yes  No

**What is the student's race?**

- American Indian/Alaska Native  Black/African American  White  Asian  
 Native Hawaiian/Pacific Islander

**FAMILY INFORMATION – Please make sure to list the Guardian Parent**

**Father's Name:** \_\_\_\_\_  
Last First Middle

**Email Address:** \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
Last First Middle

**Email Address:** \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If separated or divorced, who is the custodial parent:  Mother  Father  
 Other \_\_\_\_\_  
Name

**EMERGENCY/MEDICAL**

Is child on any medication  Yes  No If yes, list and explain:

Medication: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Other Information: \_\_\_\_\_

Medical Alerts: \_\_\_\_\_

The following is our preferred doctor of choice and/or hospital/clinic:

\_\_\_\_\_ Doctor Phone Clinic Phone

Emergency contacts and phone numbers	Name	Phone Number	
			Work: _____
			Home: _____
			Work: _____
		Home: _____	

If the above persons cannot be contacted, I give the school permission to secure the medical intervention needed and to share this information with staff members.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Hazen Public School District will not permit a child to physically start school until the education records from the previous school are received and reviewed by the building administrator.**