## Hazen Public School Registration Form

## **STUDENT INFORMATION**

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:  Last First Middle  Middle  Email Address:  Street Address:  Cell Phone:  Mother's Name:  Last First Middle  Email Address:  Street Address:  Street Address:  Work Phone:  Mother's Employer:  Mother's Employer:  Street Address:  Street Address:  Cell Phone:  Mother's Employer:  Mother's Employer:  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:  Side Effects:  Street Address:  Street Address:  Street Address:  American American □ White □ Asian  American □ White □ Asian  Anidale	Signature	
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:		
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:       Cell Phone:       Mother's Employer:       Work Phone:         Mother's Name:       Last       First       Middle         Email Address:       Home Phone:         Malling Address:       Cell Phone:         Mother's Employer:       Work 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:       □ Name       □ Name         Emergency contacts and phone numbers       Name       Phone Number         Emergency contacts and phone numbers       Name       Phone Number <td>above persons cannot be contag</td> <td></td>	above persons cannot be contag	
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:       Last       First       Moddle         Mother's Name:       Last       First       Middle         Email Address:       Last       First       Middle         Email Address:       Use Address:       Home Phone:         Mother's Name:       Last First Middle         Email Address:       Use 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:       Name         Medication:		
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:       Last       First       Mother's Employer:       Work Phone:         Mother's Name:       Last       First       Middle         Email Address:       Last       First       Middle         Email Address:       Cell Phone:       Middle         Email Address:       Home Phone:       Cell Phone:         Mother's Employer:       Work Phone:         If separated or divorced, who is the custodial parent:       Image: Ima		
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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:       Cell Phone:       Middle         Mailing Address:       Cell Phone:       Work Phone:         Father's Name:       First       Middle         Email Address:       Cell Phone:       Middle         Street Address:       Home Phone:         Mailing Address:       Cell Phone:       Work Phone:         Mother's Employer:       Work Phone:       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:         Medical Alerts:       □ Other         Other Information:       □ Other         Medical Alerts:       □ Other         The following is our preferred doctor of choice and/or hospital/clinic:	Emergency contests	Phone Number
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:       Cell Phone:       Middle         Mailing Address:       Cell Phone:       Work Phone:         Father's Name:       First       Middle         Email Address:       Cell Phone:       Middle         Street Address:       Home Phone:         Mailing Address:       Cell Phone:       Work Phone:         Mother's Employer:       Work Phone:       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:         Medical Alerts:       □ Other         Other Information:       □ Other         Medical Alerts:       □ Other         The following is our preferred doctor of choice and/or hospital/clinic:	Doctor Phone	Phone
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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:  Mailing Address:  Cell Phone: Father's Employer:  Work Phone:  Mother's Name:  Last First Middle  Email Address:  Street Address:  Work Phone:  Street Address:  Street Address:  Street Address:  Street Address:  Work Phone:  Mailing Address:  Mother's Employer:  Mother's E		<del></del>
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:	r Information:	
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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	Last	Middle
What is the student's race?  □ American Indian/Alaska Native □ Black/African American □ White □ Asian □ Native Hawaiian/Pacific Islander		
What is the student's race?  ☐ American Indian/Alaska Native ☐ Black/African American ☐ White ☐ Asian	IILY INFORMATION – <mark>Please make</mark>	
What is the student's race?		☐ Asian
- · · · · · · · · · · · · · · · · · · ·		□ Asian
	e student Hispanic or Latino?	
Gender: ☐ Male ☐ Female  Language Spoken at Home		
Date of Birth: Grade:		<del></del>
Name:		Last

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.