



**Hope Public Schools**  
**Student Registration Form**  
**2017-2018**

School \_\_\_\_\_ Today's Date \_\_\_\_\_

**STUDENT INFORMATION**

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

Birth Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Place of Birth (City, State) \_\_\_\_\_ Sex \_\_\_ Male \_\_\_ Female

<u>Ethnicity (Circle one)</u>	<u>Race (Circle one or more)</u>
Hispanic/Latino	American Indian or Alaska Native
Not Hispanic/Latino	Asian
	Black or African American
	Native Hawaiian or Other Pacific
Islander	
	White

Social Security Number \_\_\_\_\_

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

Grade \_\_\_\_\_

Expulsion Pending: \_\_\_ Yes \_\_\_ No

**ENROLLING PARENT INFORMATION**

**Mother \_\_\_ Step-Mother \_\_\_ Guardian \_\_\_** Name \_\_\_\_\_

Residence Address \_\_\_\_\_  
Street City State Zip

Mailing Address if different from above \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ E-Mail \_\_\_\_\_

**Father \_\_\_ Step-Father \_\_\_ Guardian \_\_\_** Name \_\_\_\_\_

Residence Address \_\_\_\_\_  
Street City State Zip

Mailing Address if different from above \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ E-Mail \_\_\_\_\_

### ADDITIONAL PARENT INFORMATION

**Mother** \_\_\_ **Step-Mother** \_\_\_ **Guardian** \_\_\_ Name \_\_\_\_\_

Residence Address \_\_\_\_\_  
Street City State Zip

Mailing Address if different from above \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ E-Mail \_\_\_\_\_

**Father** \_\_\_ **Step-Father** \_\_\_ **Guardian** \_\_\_ Name \_\_\_\_\_

Residence Address \_\_\_\_\_  
Street City State Zip

Mailing Address if different from above \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ E-Mail \_\_\_\_\_

**Please notify the school of the student's address or phone number changes.**

### EMERGENCY CONTACT INFORMATION

*Other than parent or guardian*

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell  
Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell  
Phone \_\_\_\_\_

## BROTHERS/SISTERS ATTENDING HOPE PUBLIC SCHOOLS

Name \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_

## TRANSPORTATION

Will your child need to ride a bus? \_\_\_ Yes \_\_\_ No (Clinton Primary students are NOT allowed to walk home.)

## HEALTH INFORMATION

\_\_\_ My child has no known medical problems.

\_\_\_ My child has the following medical problems:

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List any medication(s) your child takes on a routine basis:

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Does your student have allergic reactions to any drug, food or insect bites? \_\_\_ Yes \_\_\_ No

IF YES,

Name of drug: \_\_\_\_\_

Name of food(s): \_\_\_\_\_

Name of insect: \_\_\_\_\_

Is the allergic reaction considered life threatening? \_\_\_Yes \_\_\_No

What is a typical reaction and treatment? \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Hospital Phone: \_\_\_\_\_

## SPECIAL SERVICES INFORMATION

In order to adequately serve your child, it is necessary to request the following information to determine if special services will be needed. Please review the list and check any services that apply.

My child received no serviced.

My child received the following services at his/her former school:

\_\_\_ Mainstream      \_\_\_ Speech Therapy      \_\_\_ Related Service

\_\_\_ Content Mastery      \_\_\_ Resource      \_\_\_ Self Contained Class

\_\_\_ Other, please specify \_\_\_\_\_

Section 504

\_\_\_ Dyslexia Program      \_\_\_ Modification in the classroom      \_\_\_ Other support program \_\_\_\_\_

Other

\_\_\_ Gifted and Talented Education      \_\_\_ English as a Second Language (ESL)

## PARENT SIGNATURE

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

