

## HANCOCK CENTRAL SCHOOL REGISTRATION FORM

\*PLEASE PRINT\*

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OFFICE USE ONLY					
STUDENT ID# _____	BUILDING _____	SCHOOL YEAR _____	GR. 9 ENTRY _____		
GRADE _____	HOOME ROOM _____	ENTRY DATE _____	DATE APPROVED _____	LAWYER REVIEWED _____	

STUDENT NAME \_\_\_\_\_ SEX: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST) (Jr./Sr./III/IV) (M/F)

DOB \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_  
(MM/DD/YYYY) (CITY) (STATE)

<b>HISPANIC/LATINO</b> ___ YES ___ NO <b>SELECT ONE OR MORE:</b> ___ AMERICAN INDIAN OR ALASKA NATIVE ___ ASIAN ___ WHITE ___ BLACK OR AFRICAN AMERICAN ___ NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER	<b>Primary Language</b> _____ _____
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<b>LAST SCHOOL ATTENDED</b>	NAME _____ ADDRESS _____ PHONE # _____ _____ DATE LEFT _____ _____ LAST GRADE COMPLETED _____
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<b>STUDENT RESIDENTIAL ADDRESS</b> ADDRESS _____ APT # _____ CITY _____ STATE _____ ZIP CODE _____ HOME PHONE _____	<b>STUDENT MAILING ADDRESS (if different than Residential)</b> ADDRESS _____ APT # _____ CITY _____ STATE _____ ZIP CODE _____ HOME PHONE _____
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**If student is not living with both parents, who has legal custody?**

Mother  
  Father  
  Other \_\_\_\_\_
 **Custody Documentation Received (Y/N)** \_\_\_\_\_

**G** NAME \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST) (Jr./Sr./III/ IV)

**U** ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

**A** CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**R** HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

**D** NAME & ADDRESS OF EMPLOYER \_\_\_\_\_

**I** \_\_\_\_\_

**A** \_\_\_\_\_

**N** \_\_\_\_\_

<b>Receive Mailings</b> <b>YES / NO</b>
Relationship to student _____ Living with Student <b>YES / NO</b>

**G** NAME \_\_\_\_\_  
 (FIRST) (MIDDLE) (LAST) (Jr./Sr./III/ IV)  
**U** ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_  
**A**  
**R** CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
**D** HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_  
**I**  
**A** NAME & ADDRESS OF EMPLOYER \_\_\_\_\_  
**N** \_\_\_\_\_

Receive Mailings <b>YES / NO</b> Relationship to student <hr/> Living with Student <b>YES / NO</b>
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**ADDITIONAL EMERGENCY CONTACT OTHER THAN GUARDIAN**

NAME _____ (FIRST) (MIDDLE) (LAST) (Jr./Sr./III/IV) ADDRESS _____ APT # _____ CITY _____ STATE _____ ZIP _____ RELATION TO STUDENT _____ HOME PHONE _____ CELL PHONE _____ WORK PHONE _____
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<b>EMERGENCY INFORMATION</b> PHYSICIAN _____ PHONE _____ HOSPITAL CHOICE _____ ALLERGIES: _____
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**SIBLING INFORMATION:**

NAME _____ (FIRST, MIDDLE, LAST)	SCHOOL _____	SEX _____ (M/F)	DOB _____ (MM/DD/YY)	AT RESIDENCE _____ (Y/N)
NAME _____ (FIRST, MIDDLE, LAST)	SCHOOL _____	SEX _____ (M/F)	DOB _____ (MM/DD/YY)	AT RESIDENCE _____ (Y/N)
NAME _____ (FIRST, MIDDLE, LAST)	SCHOOL _____	SEX _____ (M/F)	DOB _____ (MM/DD/YY)	AT RESIDENCE _____ (Y/N)
NAME _____ (FIRST, MIDDLE, LAST)	SCHOOL _____	SEX _____ (M/F)	DOB _____ (MM/DD/YY)	AT RESIDENCE _____ (Y/N)

<b>ADDITIONAL INFORMATION:</b> _____ _____ SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____ SIGNATURE OF SCHOOL OFFICAL WHO REGISTERED CHILD: _____ DATE: _____
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