HOOPESTON AREA HS & MS REGISTRATION FORM

YOUR NAME MUST MATCH WHAT IS ON YOUR BIRTH CERTIFICATE

LAST NAME: **FIRST:** **MIDDLE:**

Student's Social Security Number: **Grade:** Select one

Birth date: **Race:** Select One **Gender:** Select One

Health Concerns and Medications:

Father's Name:

Mother's Name:

Home Phone:

Mailing Address:

City: **State:** **Zip:**

Mother's Work Phone: **Employer:**

Father's Work Phone: **Employer:**

Child lives with:

If child lives with only one parent give other parents information

Home Phone:

Mailing Address:

City: **State:** **Zip:**

Work Phone: **Employer:**

If child lives with Guardian, is this person the above students "Legal Guardian" through a Court action: Select One

Relationship:

Name of Guardian:

Home Phone:

Mailing Address:

City: **State:** **Zip:**

Work Phone: **Employer:**

If school cannot locate Parent list 3 contacts:

First Contact: **Phone:**

Second Contact: **Phone:**

Third Contact: **Phone:**

Please list siblings attending other Hoopeston Area Schools:

Select one

Select one

Select one

Please list all Extra Curricular activities that you plan on participating in this school year: