

School: Hancock Public School	First Day of Enrollment:	MARSS:	Home Primary Language:	Student ID#:
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OFFICE USE ONLY

## Hancock Public School – District #768 – Student Registration Form

Enrolling Grade:	Student LAST Name:	Student FIRST Name:	Student MIDDLE name:
Social Security Number:	Student Date of Birth:	Federal Ethnicity: (please mark ONE):	Race/Ethnicity: (please make <u>one or more</u> ):
Student Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		<b>Hispanic/Latino</b> (Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin) YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White
Does this student receive any medications during the school day? No <input type="checkbox"/> Yes <input type="checkbox"/>	Does this student have Special Education Services (an IEP)? No <input type="checkbox"/> Yes <input type="checkbox"/>		

Home Phone (\_\_\_\_) \_\_\_\_\_ Student Lives With: Mother  Father  Both  Other  \_\_\_\_\_

Address: \_\_\_\_\_

STREET

APT#

CITY

ZIP CODE

COUNTY

DATE STUDENT MOVED TO THIS ADDRESS

Does any other family live at this address? Yes  Please provide name of other family: \_\_\_\_\_

Pick – up/Daycare Address (if other than home) \_\_\_\_\_

List all schools student has attended (MOST RECENT SCHOOLS FIRST):

Name of School	City and State	Grades Attended	Dates Attended

Parent/Guardian Data:

Parent/Guardian #1

Parent/Guardian #2

Name (First, MI, Last)		Name (First, MI, Last)	
Gender (Male/Female)		Gender (Male/Female)	
Date of Birth (M/D/Y)		Date of Birth (M/D/Y)	
Relationship to Student		Relationship to Student	
Address, City, Zip		Address, City, Zip	
Cell Phone #		Cell Phone #	
Work Phone #		Work Phone #	
Email Address		Email Address	
Employer/Occupation		Employer/Occupation	

List additional children residing in the home: (Please indicate if any child has an IEP)

First, MI, Last Name	School attending	IEP Y/N	Grade	Gender	Birthdate	Relationship to Student