

Office Use Only			
Student #	_____	Entry Code	_____
Entry Date	_____	Homeroom	_____
Grade	_____	Dip Cat	_____
9 <sup>TH</sup> Grade Entry Date	_____		

## Tuscola High School Registration

Date: \_\_\_\_\_

### Basic Information

Student's DL # \_\_\_\_\_ Student's Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Grade Enrolling \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Called by \_\_\_\_\_

Sex: Male Female Date of Birth \_\_\_\_\_ Birth Place: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

(Circle) Ethnicity Choices: Hispanic Non-Hispanic (Circle) Race: White Black American Indian Asian Hawaiian/Pacific Islander

Students Physical Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Students Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

### Family Information

Student Resides with: Mother & Father Father & Stepmother Mother & Stepfather Mother Only Father only Legal Guardian Other (explain)

Mother/Stepmother Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Highest Level of Education \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Father/Stepfather Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Highest Level of Education \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Guardian/Other Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Highest Level of Education \_\_\_\_\_

### Transportation Information

Student will be transported by: AM: Bus Car Walk PM: Bus Car Walk

Bus Number student assigned to: \_\_\_\_\_ In the event school is dismissed early, your child needs to know what to do!

### Medical Information

Family Doctor \_\_\_\_\_ Phone Number: \_\_\_\_\_

**DOES THIS STUDENT NEED TO TAKE A PRESCRIPTION MEDICATION DURING SCHOOL HOURS?** \_\_\_\_\_

(If yes, you need to complete a mandatory medication release form through the office)

*Continued on the reverse side*

**Emergency Contact Information**\*\*\*\*\*

In case of an emergency the parents will be the first notified, but when a parent/guardian cannot be reached, we need two others who will be able to make decisions and pick up your child.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

**Other Information**\*\*\*\*\*

Our family is currently living: In a home of our own With a relative Other (Please explain)  
Explain other \_\_\_\_\_

Has this student been enrolled in another school during this school year? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is the name of the school? \_\_\_\_\_

How many total days has the student been absent from school this year? \_\_\_\_\_

Has this student EVER been enrolled in a school in Haywood County? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Please list the school and when enrolled \_\_\_\_\_

Please list schools attended in the following grades:

3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_ 6<sup>th</sup> \_\_\_\_\_ 7<sup>th</sup> \_\_\_\_\_ 8<sup>th</sup> \_\_\_\_\_

Does your child require any special programs? (AIG, Special Education, Remediation, Counseling, Etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain \_\_\_\_\_

Are the parents/guardians employed in temporary agriculture work? Yes \_\_\_\_\_ No \_\_\_\_\_

I verify that I am the Legal Parent/Guardian of the student and that all of the information on this enrollment form is correct!

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_