

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

**HART COUNTY SCHOOLS  
REGISTRATION FORM  
2010-2011**

Last School Attended: \_\_\_\_\_

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

Nickname: \_\_\_\_\_ Student Gender:  Male  Female Date of Birth: \_\_\_\_\_  
Student Social Security #: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Student Grade: \_\_\_\_\_

**Student Ethnic/Race Information:** Is the student Hispanic/Latino  Yes  No  American Indian/Alaskan Native (2)  Asian (3)  Black/or African American (4)  
 Native Hawaiian or Pacific Islander (5)  White (6) Race Determination:  Parent Identified  Student Identified  Observer Determined  Unknown

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Street, Road, Route, P O Box, Apt. (location mail is received)

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Street, Road, Route, Apt. (location of home)

Phone Number: \_\_\_\_\_ Unlisted:  Yes  No Parents:  Married  Separated  Divorced  Not Married

Student lives with:  Both Parents  Guardian  Father (only)  Mother (only)  Father/Stepmother  Mother/Stepfather  Grandparent(s)  Foster Parent  
 Non-Relative  Check if student lives part-time in two separate homes

Parent/Guardian 1 Home Phone number is the same as students:  Yes  No If no, list number (w/area code) \_\_\_\_\_  
Name (First, Middle, Last): \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Gender:  Male  Female

Parent/Guardian Ethnic/Race Information: Is Parent/Guardian 1 Hispanic/Latino:  Yes  No  
 American Indian/Alaskan Native (2)  Asian (3)  Black/or African American (4)  Native Hawaiian or Pacific Islander (5)  White (6)

Employer: \_\_\_\_\_ Work Phone (w/area code): \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
During the 10-11 school year, I would like to receive student information via (Check all that apply):  Web Access  Standard Mailing  Email  Portal Access  Mailing Access

Parent/Guardian 2 Home Phone number is the same as students:  Yes  No If no, list number (w/area code) \_\_\_\_\_  
Name (First, Middle, Last): \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Gender:  Male  Female

Parent/Guardian Ethnic/Race Information: Is Parent/Guardian 2 Hispanic/Latino:  Yes  No  
 American Indian/Alaskan Native (2)  Asian (3)  Black/or African American (4)  Native Hawaiian or Pacific Islander (5)  White (6)

Employer: \_\_\_\_\_ Work Phone (w/area code): \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Different Address for Guardian 2: Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

During the 10-11 school year, I would like to receive student information via (Check all that apply):  Web Access  Standard Mailing  Email  Portal Access  Mailing Access

Name \_\_\_\_\_ **Last School Attended:** \_\_\_\_\_

**Technology:**

Student has a computer at home:  Yes  No Computer is less than 5 years old:  Yes  No Student has Internet Access at home:  Yes  No  
Is the Internet Connectivity (check one of the following):  Dial up  Cable Modem  DSL  Satellite Dish  Other

**Transportation Information:**

Hart Co. Area in which child resides (check one):  Bonnieville  Cub Run  LeGrande  Memorial  Munfordville  Out of District (list county) \_\_\_\_\_  
Home Bus Number: (Bus that passes your house) \_\_\_\_\_ Student rides: Morning Bus No. \_\_\_\_\_ Afternoon Bus No. \_\_\_\_\_

Non-Transported Student:  AM  PM  Both (am & pm)

**Names of brothers/sisters or other persons living in same household:**

1. _____	NAME	DATE OF BIRTH	SCHOOL AND RELATIONSHIP	GRADE
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

**Emergency Contact Information:**

1. _____	NAME	RELATIONSHIP	HOME PHONE	CELL PHONE
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

**Check any of the following which may apply to the student:**

Is medication required during school hours:  Yes  No (See school office for form to complete for daily medication)

Illness/Conditions such as:  Diabetes  Heart Disease  T.B.  Epilepsy  Asthma  Allergies  
List any additional: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Location (county): \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby authorize the school to obtain emergency medical care for my child if I (parent/legal guardian) cannot be reached.

Parent or Legal Guardian Signature (do not sign this form if any of the statements are incorrect) \_\_\_\_\_ Date \_\_\_\_\_