

**STUDENT REGISTRATION – MHS -- 2020-2021**

<input type="checkbox"/> Skyward	<input type="checkbox"/> FAX to Bus
<input type="checkbox"/> Directory	<input type="checkbox"/> WISEdata

**STUDENT INFORMATION** (Please **PRINT** neatly.)

Student Name \_\_\_\_\_  
Last First Middle Grade

Address \_\_\_\_\_  
Street P.O. Box City/State/Zip

Female \_\_\_\_\_  
 Male Date of Birth Home Telephone Township

Birth Place \_\_\_\_\_  
City County State

**Ethnicity** -- **select only one** --  **No**, not Hispanic or Latino --  **Yes**, Hispanic or Latino

**Race** ----- **select one (or more, if applicable)** --  American Indian or Alaska Native --  Asian --  
 Black or African American --  Native Hawaiian or Other Pacific Islander --  White

Primary Language Spoken -- At Home \_\_\_\_\_ By Student \_\_\_\_\_

**Brothers/Sisters** (list names, birth dates, and gender - M/F) \_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**(CHECK ONE)** -- **Student resides with** --  *Father & Mother*  *Father*  *Mother*  *Step-Father*  *Step-Mother*

**Birth Father** \_\_\_\_\_ **Birth Mother** \_\_\_\_\_  
(First & Last Name) (First & Last Name)

Address \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

**Step-Father** \_\_\_\_\_ **Step-Mother** \_\_\_\_\_  
(First & Last Name) (First & Last Name)

Address \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

**CONTINUE ON NEXT PAGE**

---

**PARENT IN MILITARY**

Is either parent or guardian on active duty in the military?    YES    NO                      Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Is either parent or guardian a traditional member of the Guard or Reserve? YES NO                      Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32?  
YES    NO                      Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

---

**EMERGENCY INFORMATION** *(In case of illness/emergency and parent(s) cannot be reached, list 2 other people we may call.)*

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone \_\_\_\_\_

**PARENT/GUARDIAN**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_