madducksm madducksm

**Havana High School**

**Student Enrollment Form** Date: Click here to enter a date.

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| **Student’s Name** | Click here to enter text. |
| **Social Security Number** | Click here to enter text. |
| **Birth Date** | Click here to enter text. |
| **Grade** | Choose an item. |
| **Street Address** | Click here to enter text. |
| **Phone** | Click here to enter text. |
| **Student lives with?** | Choose an item. \*\*\**If other, please explain on next line* |
| **Explain if “other”** | Click here to enter text. |
| **Natural Father is?** | Choose an item. |
| **Natural Mother is?** | Choose an item. |
| **Is a Parent a member of Military?** | Choose an item. |
| **If so, what branch?** | Choose an item. |
| **Parent/Guardian email** | Click here to enter text. |
| **School Last Attended** | Click here to enter text. Phone: Click here to enter text. |
| **Does Student Receive Special Needs Services?** | Choose an item. |

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| **Father’s Name** | Click here to enter text. |
| **Street Address** | Click here to enter text. |
| **Phone** | Click here to enter text. |
| **Work Place** | Click here to enter text. |
| **Work Number** | Click here to enter text. |

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| **Mother’s Name** | Click here to enter text. |
| **Street Address** | Click here to enter text. |
| **Phone** | Click here to enter text. |
| **Work Place** | Click here to enter text. |
| **Work Number** | Click here to enter text. |

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| **Guardian’s Name** | Click here to enter text. |
| **Street Address** | Click here to enter text. |
| **Phone** | Click here to enter text. |
| **Work Place** | Click here to enter text. |
| **Work Number** | Click here to enter text. |

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| **Emergency Contact**  **\*If parents cannot be reached** | Name: Click here to enter text. Number: Click here to enter text. |
| **Other Pertinent information?** | Click here to enter text. |

**I hereby give my consent for the above student to receive any treatment deemed necessary by (Physician) Click here to enter text. Or the Mason District Hospital Emergency Room Staff for any illness or injury resulting while they are at school or participating in a school activity.**

**Date:** Click here to enter a date. **Parent/ Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_