

Enrollment/Emergency Form for HTRS Public Schools

Please Return To School by August 25th

Student's Last Name _____ First: _____ Middle: _____ Birthdate: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Email Address: _____
 Social Security# _____ Grade: _____ Gender: _____
 Birthplace: _____ County: _____

*Ethnicity Code:(WH) White/Not Hispanic; (AS)Asian/Pacific Islander; (H) Hispanic;(AM)American Indian/Alaska Native;
 (BL) Black/ Not Hispanic

Father: _____ Home Phone: _____ Cell Phone: _____
 Father's Employer _____ Work Phone: _____
 Mother _____ Home Phone: _____ Cell Phone: _____
 Mother's Employer _____ Work Phone: _____

Step-Parent

Step-Parent: _____ Home Phone: _____ Cell Phone: _____
 Step-Parent Employer _____ Work Phone: _____

Legal Guardian

(A legal document stating guardianship may need to be provided to the school)

Name _____ Home Phone: _____ Cell Phone: _____
 Address _____ City: _____ State: _____ Zip: _____
 Relationship _____ Email: _____
 With whom does the student reside: _____

Second Parent/Address to Receive School Mailings

Name: _____ Home Phone: _____ Cell Phone: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Relationship _____ Email: _____

Emergency Contact Information

1. _____ Relation: _____ Phone #: _____ Phone Type: _____
 2. _____ Relation: _____ Phone #: _____ Phone Type: _____
 3. _____ Relation: _____ Phone #: _____ Phone Type: _____

Student's Health Information

Doctor's Name: _____ Doctor's Phone: _____
 Dentist's Name: _____ Dentist's Phone: _____
 List any known medical conditions. _____

***Children living at home** that do not attend school. This required for state census reporting.

Name of Child	Male/Female	Date of Birth	Birthplace