

STUDENT REGISTRATION FORM

Sex: Male Female

Legal Name: Last _____ First _____ Middle _____ SSN: _____

Address _____ City _____ State _____ Zip _____

Phone _____

Date of Birth _____ City/State of Birth _____ Verification of Birth _____

Country of Birth _____ State ID # _____ (Official Use)

LAST SCHOOL ATTENDED

Name _____ Grade Level _____ Date of Last Attendance _____

Address _____ City _____ State _____ Zip _____

Phone _____ Current Grade Level _____

FATHER

Name: Last _____ First _____ Middle _____ Place of Birth _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ Circle if: Separated Divorced Remarried Deceased

MOTHER

Name: Last _____ First _____ Middle _____ Place of Birth _____

Mother's Maiden Name _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ Circle if: Separated Divorced Remarried Deceased

STEPFATHER/STEPMOTHER/LEGAL GUARDIAN

Name: Last _____ First _____ Middle _____ Place of Birth _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ Home Phone _____

Student Lives with: Both Parents Single Parent One Parent & One Step-Parent Guardian

If not with Parents, with whom _____ Relationship _____

Name & Birth dates of Brothers _____

Name & Birth dates of Sisters _____

Ethnic Code:

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black, Non-Hispanic
- Hispanic
- White, Non-Hispanic
- Multiracial/Ethnic

BHS OFFICE ONLY	
Locker #: _____ Combo: _____	Transportation Contacted: _____ Phone/Fax & "Mail" _____ Date (Circle One) Initials