

Student Registration Form  
Hinton Community School

**Student Information**

Last Name:  First Name:  Middle Name:

Legal Last Name:  Legal First Name:  Legal Middle Name:

SSN  Grade in 2009-10  Responsible Parent/Guardian

Primary Language  Primary Home Language  Gender  Date of Birth

Address  City  State  Zip

Home Phone  Student's Cell Phone  County

Is the student Hispanic and/or Latino? (circle one) Yes No Race: (Circle your choice/choices) White Black American Indian Asian

Previous school attended or for Discovergarten/Kindergarten Preschool attended

School/Preschool Name  Phone

Address  City  State  Zip

**Parent Information**

Father:  
Last Name

First Name

Home Address, City, State, Zip

Home Phone

Cell Phone

Work Phone

Employer

E-mail Address

Mother:  
Last Name

First Name

Home Address, City, State, Zip

Home Phone

Cell Phone

Work Phone

Employer

E-mail Address

**If student currently has a Step-Parent, Guardian, Foster Parent, Custodian, etc.  
indicate the name, relationship and numbers.**

Name of Relationship

Last Name

First Name

Home Address, City, State, Zip

Home Phone

Cell Phone

Work Phone

Employer

E-mail Address

Relationship Type

Name of Relationship

Last Name

First Name

Home Address, City, State, Zip

Home Phone

Cell Phone

Work Phone

Employer

E-mail Address

Relationship Type

**Medical Information**

Doctor Name

Doctor Phone

Hospital Choice

Dentist Name

Dentist Phone

In the case of an emergency, if necessary, take student to the nearest medical facility. (Circle one)      Yes      No

The school has my permission to give age and weight appropriate dosage of acetaminophen (Tylenol).

Circle one.      Yes      No

**Emergency Contact Information**

Name

Name

Relationship to Student

Relationship to Student

Work Phone

Work Phone

Home Phone

Home Phone

Cell Phone

Cell Phone