RETURNING STUDENT REGISTRATION INFORMATION

TODAY'S DATE:_____

(PLEASE PRINT AND UPDATE ALL INFORMATION)

STUDENT'S NAME: _____ **GRADE:** _____
First MI Last

STUDENT'S BIRTHDATE: _____/_____/_____ **STUDENT'S SEX:** *(Circle one)* **M F** **STUDENT'S RACE:** *(Circle One)* **B W H Other:** _____
Month Day Year

ADDRESS: _____ **ZIP CODE:** 631_____ **HOME #:** _____-_____-_____
Street Number/Name *(St./Ave./Dr./Lane)* *(Area Code)*

(Circle One)
MOTHER/LEGAL GUARDIAN
CASE MANAGER/OTHER: _____ **CELL #:** _____-_____-_____
(Area Code)

EMPLOYER: _____ **WORK #:**_____-_____-_____
(Area Code)

FATHER/LEGAL GUARDIAN
CASE MANAGER/OTHER: _____ **CELL #:** _____-_____-_____
(Area Code)

EMPLOYER: _____ **WORK #:**_____-_____-_____
(Area Code)

EMERGENCY CONTACTS: (List 2 Please)

NAME: _____ **RELATIONSHIP:** _____ **EMERGENCY #:** _____-_____-_____
(Area Code)

NAME: _____ **RELATIONSHIP:** _____ **EMERGENCY #:** _____-_____-_____
(Area Code)

PLEASE NOTE: IF THIS IS A <u>NEW ADDRESS</u>, PLEASE PROVIDE PROOF OF ADDRESS:
(GOVERNMENT ISSUED IDENTIICATION OR MAIL, UTILITY BILL, RENTAL LEASE OR DEED)

STUDENT SUPPORT SERVICE OFFICE
RHS 7/16