

**BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT**

\_\_\_\_\_HIGHLAND \_\_\_\_\_TIMBER CREEK \_\_\_\_\_TRITON

**DEMOGRAPHICS FOR REGISTRATION**

**FOR OFFICE USE ONLY**

STATE ID# _____	STUDENT ID# _____
DATE STARTING: _____	COUNSELOR: _____
OUT OF DISTRICT SCHOOL _____	

**STUDENT INFORMATION**

Today's Date: \_\_\_\_\_

Student Legal First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Student's Birth Date: \_\_\_\_\_

**PLEASE CIRCLE THE APPROPRIATE RACE AND ETHNIC CODE NUMBER.**

RACE CODE	RACE DESCRIPTION	RACE CODE	RACE DESCRIPTION	RACE CODE	RACE DESCRIPTION
1	WHITE	3	AMERICAN INDIAN/ALASKAN	5	HAWAIIAN NATIVE/OTHER PACIFIC ISLANDER
2	BLACK	4	ASIAN		
<b>ETHNIC CODE</b>	1 HISPANIC	<b>ETHNIC CODE</b>	2 non-HISPANIC		

Is this child a Special Education and/or Child Study Team? (Please check one) YES \_\_\_\_\_ NO \_\_\_\_\_

Previous School: \_\_\_\_\_ Student Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_

Grade Level: \_\_\_\_\_ City Student was Born in: \_\_\_\_\_

State Student Was Born in: \_\_\_\_\_ Country Student was Born in: \_\_\_\_\_

\_\_\_\_\_ 1 = Not Military Connected – Student is not military connected.

\_\_\_\_\_ 2 = Active Duty – Student is a dependent of a member of the Active-Duty Forces (Full-time) Army, Navy, Air Force, Marine Corps, or Coast Guard.

\_\_\_\_\_ 3 = National Guard or Reserve – Student is a dependent of a member of the National Guard or Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard).

**PARENT/GUARDIAN INFORMATION**

(Please check only one of the following)

Only English spoken at Home: \_\_\_\_\_ Only \*\* \_\_\_\_\_ spoken at Home.

(\*\*Please write the name of the language.)

English and \*\* \_\_\_\_\_ spoken at Home.

(\*\*Please write the name of the language.)

Parent/Guardian Info: **(Please check one)** Student lives with: **Both Parents:** \_\_\_\_\_, **Mother Only:** \_\_\_\_\_,  
**Father Only** \_\_\_\_\_, **Grandparents** \_\_\_\_\_, **Other (please specify):** \_\_\_\_\_

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Parent/Guardian **(FIRST)** What is your Relationship to the Student: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title: **(Please Check One):** Mrs. \_\_\_\_\_, Ms. \_\_\_\_\_, Mr. \_\_\_\_\_, Dr. \_\_\_\_\_, Rev. \_\_\_\_\_

Parent/Guardian Street Address: \_\_\_\_\_

Apartment #: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Home Phone #: (\_\_\_\_) \_\_\_\_\_

Alternate Phone # (cell phone, etc.): (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Employer Name: \_\_\_\_\_

Work Telephone #: (\_\_\_\_) \_\_\_\_\_ Ext.: \_\_\_\_\_

Parent/Guardian **(SECOND)** What is your Relationship to the Student: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title: **(Please Check One):** Mrs. \_\_\_\_\_, Ms. \_\_\_\_\_, Mr. \_\_\_\_\_, Dr. \_\_\_\_\_, Rev. \_\_\_\_\_

Parent/Guardian Street Address: \_\_\_\_\_

Apartment #: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Home Phone #: (\_\_\_\_) \_\_\_\_\_

Alternate Phone # (cell phone, etc.): (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Employer Name: \_\_\_\_\_

Work Telephone #: (\_\_\_\_) \_\_\_\_\_ Ext.: \_\_\_\_\_

**EMERGENCY INFORMATION (OTHER THAN PARENT/GUARDIAN LISTED ABOVE.)**

**Emergency 1** – First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

GUARDIAN HAS GIVEN PERMISSION FOR CONTACT TO PICK UP STUDENT: YES: \_\_\_\_\_ NO: \_\_\_\_\_

HOME STREET ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency 1 – Phone # (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Emergency 2 – Phone # (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

**Emergency 2** – First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

GUARDIAN HAS GIVEN PERMISSION FOR CONTACT TO PICK UP STUDENT: YES: \_\_\_\_\_ NO: \_\_\_\_\_

HOME STREET ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency 1 – Phone # (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Emergency 2 – Phone # (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

**DOCTOR EMERGENCY INFORMATION**

Physician's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Do you have health insurance? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes, what is the name of your provider? \_\_\_\_\_

**PARENT ACCESS INFORMATION**

Please provide an email address to be used for our Parent Access System. This will allow you to view your child's grades, attendance, and discipline.

Parent Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ (please print clearly) \*\*

\*\* The email address above will be your username and you will receive a temporary password sent to that email. \*\*

Student's first High School transfer: YES \_\_\_\_\_ NO \_\_\_\_\_

\* If yes, nothing else is required. If no, and this is at least the student's second transfer, please fill out the Student-Athlete Residency Affidavit