

**BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT**  
**\_\_\_HIGHLAND \_\_\_TRITON \_\_\_TIMBER CREEK**  
**DEMOGRAPHICS FOR REGISTRATION**

STATE ID # _____	<b>FOR OFFICE USE ONLY</b>	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><i>Ethnic Code</i></b>	<b>1 Hispanic</b>	<b><i>Ethnic Code</i></b>	<b>2 Non-Hispanic</b>		

Is this child a Special Education and/or Child Study Team student? (Please check one) YES ___ NO ___
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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).
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**PARENT/GUARDIAN INFORMATION**

**(Please check only one of the following)**

- Only English spoken at Home.
  Only \*\* \_\_\_\_\_ spoken at Home  
 English and \*\* \_\_\_\_\_ spoken at Home (\*\* Please write the name of the language)

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

Parent/Guardian (FIRST) What is your Relationship to 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.: \_\_\_\_\_

**(TO FINISH THE REST OF THE INFORMATION TURN OVER TO THE OTHER SIDE OF THIS PAPER PLEASE)**

*(CONTINUE PARENT/GUARDIAN (SECOND) INFORMATION)*

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

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

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

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

Apartment #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ 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:*** \_\_\_\_\_ Apt #: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

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

Emergency 1-Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Ext.: \_\_\_\_\_ Emergency 1-Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Ext.: \_\_\_\_\_

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

Relationship to Student: \_\_\_\_\_ ***Guardian has given permission for contact to pick up student:*** \_\_\_\_\_ Apt #: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

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

Emergency 2-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 user name and you will receive a temporary password sent to that email.*

Signature of Parent/Guardian: \_\_\_\_\_