

GREEN HILLS SCHOOL REGISTRATION FORM

OFFICE USE:
GHS REG _____
CHOICE _____
OUT OF DISTRICT _____
RECEIVING OUT OF DISTRICT _____
HEALTH TO NURSE _____

STUDENT INFORMATION

GRADE ENTERING _____ START DATE: _____

STUDENT NAME:

LAST FIRST MIDDLE PREFERRED

*HOME ADDRESS:

STREET CITY STATE ZIP

MAILING
ADDRESS:

STREET CITY STATE ZIP

HOME PHONE#: () _____ ETHNIC: _____ WHITE _____ AFRICAN-AMER. _____ HISPANIC _____ ASIAN
_____ AMERICAN INDIAN OR ALASKAN NATIVE
_____ HAWAIIAN NATIVE/PACIFIC ISLANDER

BIRTH DATE: _____ GENDER: M F

PLACE OF BIRTH (City): _____ (State) _____

FIRST ENTRY DATE INTO A U.S. SCHOOL SYSTEM: _____

PRIMARY LANGUAGE SPOKEN AT HOME: _____

CHILD'S NATIVE LANGUAGE: _____

PREVIOUS SCHOOL

ATTENDED:

CHILD WAS ON:

Grade Level

Above Grade Level

Below Grade Level

NAME

STREET

CITY

STATE

ZIP

PHONE:

FAX

Out of district
registration - list
school attending.

DOES YOUR CHILD HAVE AN IEP (INDIVIDUAL EDUCATION PLAN/504) ON FILE? _____ YES _____ NO

PARENT/GUARDIAN INFORMATION

PARENT NAME:

LAST

FIRST

ADDRESS:

STREET

CITY

STATE

ZIP

HOME PHONE: _____ I HAVE CUSTODY OF CHILD: _____ YES _____ NO _____ SHARED

OCCUPATION: _____ WORK PHONE: _____ CELL PHONE: _____

EMPLOYER:

NAME

ADDRESS

U.S. MILITARY SERVICE: _____ NO _____ FULL TIME ACTIVE _____ NATIONAL GUARD _____ RESERVE

PARENT NAME:

LAST

FIRST

ADDRESS:

STREET

CITY

STATE

ZIP

HOME PHONE: _____ I HAVE CUSTODY OF CHILD: _____ YES _____ NO _____ SHARED

OCCUPATION: _____ WORK PHONE: _____ CELL PHONE: _____

EMPLOYER:

NAME

ADDRESS

U.S. MILITARY SERVICE: _____ NO _____ FULL TIME ACTIVE _____ NATIONAL GUARD _____ RESERVE

OVER 

