

HICKMAN COUNTY SCHOOL ENROLLMENT FORM

Student's Name _____

Last _____ **First** _____ **Middle** _____

Student's SS# (Not Required/Optional) _____ - _____ - _____ Student's Date of Birth _____ / _____ / _____

Student's Birth City _____ Student's Birth State _____ Student's Birth County _____

Student's Birth Country _____ Mother's Maiden Name _____

Date Enrolled: _____ Year student first enrolled in any U.S. school _____

Age _____ Grade _____ Sex: M _____ F _____ Language spoken in home _____

Student Address: _____

_____ Street _____ City _____ Zip _____

Race: _____ Hispanic/Latino _____ American Indian _____ White _____ Pacific Islander _____ Black/African American _____ Asian _____ Multi-Racial

Primary Ethnicity (Check ONLY ONE): _____ American Indian _____ Asian _____ Black/African American _____ Hispanic/Latino _____ Native Hawaiian/Pacific Islander _____ White

BUS: Morning Bus# _____ Afternoon Bus # _____ Miles (one way) _____

PARENT INFORMATION:

Father's/Guardian's Name:

911 Address: _____

_____ Street _____ City _____ Zip _____

P.O. Box Address: _____ E-Mail Address _____

Home Telephone Number: _____ Cell Telephone Number: _____

Work Telephone Number: _____ Emergency Telephone Number: _____

Place of Employment _____ (Company name)

Is Father/Guardian currently enlisted in: Army _____ Navy _____ Air Force _____ Marines _____ Coast Guard _____

National Guard _____ Reserves _____ **Are You: Full Time** _____ **Part Time** _____

Mother's/Guardian's Name:

911 Address: _____

_____ Street _____ City _____ Zip _____

P.O. Box Address: _____ E-Mail Address _____

Home Telephone Number: _____ Cell Telephone Number: _____

Work Telephone Number: _____ Emergency Telephone Number: _____

Place of Employment _____ (Company name)

Is Mother/Guardian currently enlisted in: Army _____ Navy _____ Air Force _____ Marines _____ Coast Guard _____

National Guard _____ Reserves _____ **Are You: Full Time** _____ **Part Time** _____

Who has legal Custody of this Child? Both _____ Mother _____ Father _____ Other _____

Who does the child live with? Both _____ Mother _____ Father _____ Other _____

MORE INFORMATION ON BACK

EARLY DISMISSAL/EMERGENCY INFORMATION:

Please indicate what your child will do to get home in cars of early dismissal from school in case of emergency or inclement weather. Because of limited time and the number of students, we will not be able to let students call individually.

_____ Bus/Number _____ Car Rider _____ Other Specify Other_____

Who HAS PERMISSION TO PICK UP your child and can be contacted in case of emergency or early dismissal:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Who CANNOT pick up your child at any time:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

PREVIOUS SCHOOL INFORMATION:

Has the student ever been enrolled in Hickman County Schools? ____yes ____no

If entering from another school system:

Name of School _____

Address _____

Street

City/State

Zip

Has the student ever received Special Education Services Yes ____No

PHOTO AND INFORMATION RELEASE:

May your child's photo or information be released in district publications, local newspapers or social media?

Yes ____ No ____

May your child's information be released to the Military?

Yes ____ No ____

May your child's information be released to Colleges?

Yes ____ No ____

CORPORAL PUNISHMENT:

In the event that alternative disciplinary methods do not seem to be effective, may your student receive corporal punishment (padding) by administration? ____Yes ____No

SIGNATURE OF PARENT/GUARDIAN

DATE: