

HANKINSON PUBLIC SCHOOL REGISTRATION FORM

SCHOOL YEAR: 2024-25

STUDENT: _____ DOB _____ Grade _____
Last, First Middle

Ethnic Background: _____ (Caucasian, African-American, Native American, Hispanic, etc.)

CURRENT STREET ADDRESS:

Address _____ City, State _____ Zip Code _____

MAILING ADDRESS (IF DIFFERENT THAN ABOVE):

Address _____ City, State _____ Zip Code _____

MOTHER/GUARDIAN NAME: _____

Mother's Employer: _____

Home Phone: _____

Mother's Cell Phone: _____

Mother's Work Phone: _____

Mother's Email: _____

FATHER/GUARDIAN NAME: _____

Father's Employer: _____

Home Phone: _____

Father's Cell Phone: _____

Father's Work Phone: _____

Father's Email: _____

PREFERRED METHOD OF COMMUNICATION:

Mother: ___ Phone (Please Circle: HOME, CELL, WORK) ___ Email ___ Mail

Father: ___ Phone (Please Circle: HOME, CELL, WORK) ___ Email ___ Mail

RURAL AND BUS STUDENTS: Name of Storm Home in Case of Severe Weather:

Name: _____ Phone #: _____

****PRE-EXISTING MEDICAL CONDITION / ALLERGY / SPECIAL REQUIREMENT THE SCHOOL SHOULD BE AWARE OF:**

PERSON OTHER THAN PARENT TO BE NOTIFIED IN CASE OF EMERGENCY:

Name: _____ Phone #: _____ Relationship: _____

PRESCHOOL CHILDREN IN FAMILY (IF ANY):

Name: _____ Birthdate: _____ Male ___ Female ___

Name: _____ Birthdate: _____ Male ___ Female ___

Name: _____ Birthdate: _____ Male ___ Female ___

****If your student's medical condition or allergy requires medication (daily, emergency, or otherwise), a separate Medication Authorization form must be filled out. Please contact the school office to arrange for the form as well as medication drop off/pick up.**