

HICKMAN COUNTY SCHOOL ENROLLMENT FORM

Student's Name _____
Last First Middle

Student's SS# _____ - _____ - _____ 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 case 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) _____ (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 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 (paddling) by administration? Yes No

SIGNATURE OF PARENT/GUARDIAN _____

DATE: _____