

HILLSDALE COMMUNITY SCHOOLS—Hillsdale High School

Legal Name (Last): _____ (First): _____ (Middle): _____

Age: _____ Birth Date: _____ Home Phone: _____ Parent Cell Phone: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Father's Email: _____ Mother's Email: _____

Ethnic Code (Optional): White (Caucasian) American Indian or Alaskan Native Asian Hispanic or Latino Black or African American Native Hawaiian or Other Pacific Islander
Grade: _____ Gender: Male Female
Place of Birth: _____
City, State (as on birth certificate)

Last School Attended: _____ Address: _____

Are you a resident of the Hillsdale School District? _____ If NO, which district? _____

STUDENT LIVES WITH: _____ Both Parents or _____ Father Only or _____ Mother Only or _____ Other Legal Guardian

Father/Step-Father/Guardian Employer Phone
Mother/Step-Mother/Guardian Employer Phone
Other Parent if involved with child Address Phone

IF PARENTS ARE NOT AVAILABLE, PLEASE CALL THE FOLLOWING:

- 1. Full Name Relationship Phone
2. Full Name Relationship Phone
3. Full Name Relationship Phone

MEDICAL INFORMATION: Doctor: _____ Phone: _____

ALLERGIES: _____ MEDICATIONS: _____

OTHER MEDICAL CONDITIONS, PLEASE LIST: _____

In case my child becomes ill or injured at school and needs emergency medical care, please take him/her to the family doctor or to the nearest hospital. I agree to assume responsibility for the expenses incurred by the handling of this emergency care.

Parent's Signature _____ Date _____

Permission to participate in field trips: I will permit my child to participate in field trips, planned and supervised by school personnel, during the school year. I understand that transportation may include walking, riding in a private vehicle, or on a school bus. Information regarding a specific field trip will be sent to me by the school prior to each trip.

Parent's Signature _____ Date _____