PINCKNEYVILLE HIGH SCHOOL DISTRICT #101

REGISTRATION INFOMRATION

STUDENT INFORMATION

Last Name	First Name	Middle Name

Grade	Birthdate	Gender M F	Does this student have an IEP? Yes No

Street Address	Apt #	City	State **IL**	Zip Code

P.O. Box (if applicable)	Primary Language in the Home English Other_____

Mother's Maiden Name	Student Birth Place City	State

Custody/Guardianship (Circle One)
Both Parents Mother Only Father Only Joint Custody
Guardian (Name)_____ Other_____

Race (Please Circle One)
American Indian or Alaska Native Asian Native Hawaiian/Pacific Islander Hispanic
Black or African American White Multi-racial

The student has a parent or guardian who is a member of a branch of the armed forces of the United States and who is either deployed to active duty or expects to be deployed to active duty during the school year. _____Yes _____No
If the answer is "Yes", please list the name of the enlisted individual(s). _____

Mother/Guardian: Last Name	First Name	**Father/Guardian:** Last Name	First Name
Address (if different from student)		Address (if different from student)	
Home Phone ( )	Cell Phone ( )	Home Phone ( )	Cell Phone ( )
Employer		Employer	
Work Phone ( )	Ext.	Work Phone ( )	Ext.
Email Address		Email Address	
Stepfather (if applicable)	Cell Phone	**Stepmother (if applicable)**	Cell Phone

Emergency Contact-other than parent/guardian

Name	Phone No. ( )	Relationship
Name	Phone No. ( )	Relationship

I certify that the above information is correct and valid as of:

_____ _____

Date Signature of Parent/Guardian