

Hillsboro High School

12 4th St NE PO Box 579 PH:(701)636-4360 Fax:(701)636-4361

Please complete this as soon as possible and return to the school office so that this information can be entered into PowerSchool. Thank you for your cooperation.

School Year:_____

Student Name: _____ Birthdate: _____ Grade: _____

Student Nationality (check one): Caucasian:_____ Hispanic:_____ Native American:_____

Asian: _____ African-American:_____ Other(please specify):_____

Student Name: _____ Birthdate: _____ Grade: _____

Student Nationality (check one): Caucasian:_____ Hispanic:_____ Native American:_____

Asian: _____ African-American:_____ Other(please specify):_____

Custodial Parent(s)or Guardian(s): _____

Student Name: _____ Birthdate: _____ Grade: _____

Student Nationality (check one): Caucasian:_____ Hispanic:_____ Native American:_____

Asian: _____ African-American:_____ Other(please specify):_____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name(s): _____

Primary Phone: _____

Dad/Guardian Cell Phone: _____ Mom/Guardian Cell Phone: _____

Father's Employer/Work Phone: _____

Mother's Employer/Work Phone: _____

Parent/Guardian Email Address:

Parent/Guardian Email Address:

STUDENT cell phone: _____

If student resides with only one parent, please list name, address and phone number(s) of other parent, in case of emergency.

Non-custodial Parent: _____ Phone Contact _____

Home Mailing Address: _____ City/State/Zip _____

Place of Employment/City/Work Phone: _____

LOCAL Emergency contact(s):

NAME(S)	RELATION TO STUDENT (ie. Neighbor, grandparent, etc)	PHONE
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