

Calhoun Community High School Registration Form

Name: _____ Date: _____

Last School Attended: _____ When: _____

What School Districts has your Student been enrolled in?

Name	Year	Grade
_____	_____	_____
_____	_____	_____

Gender: Female Male

Ethnicity American Indian/Alaskan Native Hispanic
 Asian Native Hawaiian/Pacific Islander
 Caucasian Black/African American
 Multi-Ethnic _____ Other (specify) _____

Student's Birthdate: _____ Birthplace: _____

Residence Address: _____
Please include Apartment Number, City, State, ZipCode

Student resides with parent/guardian? Yes No

Primary Phone Number: _____ Listed: Yes No

Parent/Guardian
Cell Phone: _____ Student Cell: _____

Parent/Guardian
E-Mail Address: _____ Student E-Mail Address _____

May we send School Announcements to this e-mail? Yes No

Primary Language spoken at home: _____

Is Student a U.S. citizen: Yes Other: _____

Please indicate what special services your student has received in previous school(s)

Speech Learning Disabled EMI Reading Recovery Title I
 English as 2nd Language EI Social Worker

*Please be aware that CCHS does not provide services for students who are cognitively impaired.

Please indicate any Emergency Medical Condition your student suffers from:

Is there any other medical condition that the school should be aware of?

Doctor: _____ Telephone: _____

Parent/Guardian Signature: _____