

**Calhoun Community High School
Registration Form**

Student's Birth Name: _____ Date: _____

Last School Attended: _____ When: _____

What other School Districts has your student been enrolled in?

School Name	Year	Grade

Birth Date: _____ Birth Gender: Male Female

Gender Identity: Male Female Other _____

Preferred Pronouns: He/Him She/Her They/Them

Preferred Name: _____

Ethnicity: American Indian/Alaskan Native Hispanic
(Check all that apply) Asian Black/African American
 White/Caucasian Other (specify) _____
 Multi-Ethnic _____

Residence Address: _____ Street Number & Name

City

Zip code

Does student reside with parent/guardian? Yes No, who do you live with? _____

Parent/Guardian's Phone: _____ Student's Phone: _____

Parent/Guardian's Email: _____ Student's Email: _____

Primary Language spoken at home: _____

Is the student a U.S. Citizen? Yes Other: _____

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

Speech Learning disabled EI Social Worker
 English as 2nd language EMI Reading recovery Title I

*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? _____

Parent/Guardian Signature: _____ Date: _____