

2019-20 Hamilton Jr./Sr. High School Registration Form

STUDENT INFORMATION:

Grade: _____ () Male () Female

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

Address: _____
 (Street #) (City) (Zip)

Birth Date: _____ Student Cell Phone: _____

_____ Other Siblings in the District

GUARDIAN INFORMATION:

Guardian Name: _____ Home/Cell
Phone: _____

Address: _____

Email Address: _____ Work Phone: _____

Guardian Name: _____ Home/Cell
Phone: _____

Address: _____

Email Address: _____ Work Phone: _____

EMERGENCY CONTACTS: Please list 3 that are not mother/father or listed above.

Name	Relationship to Student	Phone#
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SNOW DAY CONTACT PHONE #'s

: _____
