HAMILTON CCSD #328 REGISTRATION FORM 2021-2022

STUDENT INFORMATION:			
Grade:	() Male	() Female	
Student Name:			
(Last)	(First)	(Middle)	
Address:			
(Street #)	(City)	(Zip)	
Birthdate:	Student Cell Phone:		
Other Siblings in District:			
PARENT/GUARDIAN INFORMATION:			
Parent/Guardian Name:		Home/Cell Phone:	
Address:		Employer:	
Email Address:		Work Phone #:	
Parent/Guardian Name:		Home/Cell Phone:	
Address:		Employer:	
Email Address:		Work Phone #:	
EMERGENCY CONTACTS: (Please list 3 co	ontacts that are not moth	er/father)	
Name	Relationship to Stude	nt Phone #	