

Office Use Only	
Student # _____	Entry Code _____
Entry Date _____	Homeroom _____
Grade _____	Dip. Cat. _____
9 TH Grade Entry Date _____	

Tuscola High School Registration

Date: _____

Basic Information *****

Student's DL # _____ Student's Social Security # ____ - ____ - ____ Grade Enrolling _____

Name: Last _____ First _____ Middle _____ Called by _____

Sex: Male Female Date of Birth _____ Birth Place: City _____ State _____ Country _____

Home Phone _____ Race: American Indian Asian African American Hispanic Multi Racial White

Students Physical Address: _____ City _____ Zip Code _____

Students Mailing Address: _____ City _____ Zip Code _____

Family Information *****

Student Resides with: Mother & Father Father & Stepmother Mother & Stepfather Mother Only Father only Legal Guardian Other (explain)

Mother/Stepmother Name: _____ Home Phone _____ Highest Level of Education _____

Employer _____ Work Phone _____ Cell Phone _____ Email _____

Father/Stepfather Name: _____ Home Phone _____ Highest Level of Education _____

Employer _____ Work Phone _____ Cell Phone _____ Email _____

Guardian/Other Name _____ Home Phone _____ Highest Level of Education _____

Transportation Information *****

Student will be transported by: AM: Bus Car Walk PM: Bus Car Walk

Bus Number student assigned to: _____ **In the event school is dismissed early, your child needs to know what to do!**

Medical Information *****

Family Doctor _____ Phone Number: _____

DOES THIS STUDENT NEED TO TAKE A PRESCRIPTION MEDICATION DURING SCHOOL HOURS? _____

(If yes, you need to complete a mandatory medication release form through the office)

Continued on the reverse side

Emergency Contact Information*****

In case of an emergency the parents will be the first notified, but when a parent/guardian cannot be reached, we need two others who will be able to make decisions and pick up your child.

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Relationship to student _____

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Relationship to student _____

Other Information*****

Our family is currently living: In a home of our own With a relative Other (Please explain)

Explain other _____

Has this student been enrolled in another school during this school year? Yes _____ No _____

If yes, what is the name of the school? _____

How many total days has the student been absent from school this year? _____

Has this student EVER been enrolled in a school in Haywood County? Yes _____ No _____

If Yes, Please list the school and when enrolled _____

Please list schools attended in the following grades:

3rd _____ 4th _____ 5th _____ 6th _____ 7th _____ 8th _____

Does your child require any special programs? (AIG, Special Education, Remediation, Counseling, Etc.) Yes ___ No ___

If Yes, please explain _____

Are the parents/guardians employed in temporary agriculture work? Yes _____ No _____

I verify that I am the Legal Parent/Guardian of the student and that all of the information on this enrollment form is correct!

Parent/Guardian Signature _____ Date: _____