



Robertson County Adult High School

Registration Form

Enrolled/Returned/Transferred: _____

Name: (last) _____ (first) _____ (MI) _____

Maiden Name (if applicable): _____ Birthdate: _____

Social Security Number _____ Male Female

Birth- State: _____ County: _____ City: _____

Current Address- Street: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____

Phone- Cell: _____ Email: _____

Home/Land: _____

Do you live with your parents? Yes ___ No ___ Are you a parent? Yes ___ No ___

Ages of Children: _____

Ethnicity: African American Asian Hawaiian Hispanic Native American White

Primary Language: _____ Other Language(s) Spoken: _____

Last High School Attended: _____ City/State: _____

Last Year of Attendance in High School: _____ Last Grade Completed: _____

Employer: _____

Phone Number: _____

Emergency Contact: (Please Print)

Name: _____ Phone Number: _____

Relationship: _____

Name: _____ Phone Number: _____

Relationship: _____

For Official Use Only: _____ **RCS Cohort** ERHS GHS JBHS SHS WHHHS

RCS students- Admissions Committee decision (circle): approved -or- denied

Adult applicants- Background Check (circle): approved -or- denied