



INDEPENDENT SCHOOL DISTRICT 701	Hibbing Public Schools 800 East 21st Street Hibbing, MN 55746	HIBBING PUBLIC SCHOOLS SECONDARY ENROLLMENT FORM (Grades 8 through 12)
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**STUDENT INFORMATION**

Legal Last Name		Sex: (circle one)	Male    Female
First Name		Enrolling into which grade (circle one)	8th 9th 10th 11th 12th
Middle Name		Birth Date: (Month/Day/Year)	
Alternate Last Name		Preferred Name	
Primary Address			
Secondary Address			

Please indicate the name of the school the student is currently attending or last attended and the withdrawal date below:

Name \_\_\_\_\_ Exit date \_\_\_\_\_

Has the student ever been enrolled in a Hibbing Public School?    Yes    No

Student Lives with:	Special Needs:
Both Parents                      Mother Split time between parents      Father Guardian/Foster	IEP            504 PLAN Does this student have special needs that require additional services (such as an aide)? If yes, please indicate.    Yes _____    No

Please list names and birthdates of siblings living at home:

**Guardian in the Military**

Either parent or guardian is on active duty in the military  
 Either parent or guardian is a traditional member of the Guard or Reserve  
 Either parent or guardian is a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32  
 None of the above

**Parent/Guardian Contact Information**

	Parent/Guardian #1	Parent/Guardian #2
First and Last Name		
Relationship		
Phone Number		
Home Address		
Mailing Address		
Email Address		

**Additional Emergency Contacts**

	Additional Emergency Contact #1	Additional Emergency Contact #2	Additional Emergency Contact #3
First and Last Name			
Phone Number			
Relationship			

**Enrolling Into:**

Hibbing High School  
 Alternative Learning Program (Night School)

**DISTRICT USE ONLY**

<input type="checkbox"/> Full-Time ALP	<input type="checkbox"/> DUAL ALP & HHS	Start Date: _____
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**Hibbing High School reserves the right to determine the placement of students to ensure their academic success and well-being. Placement decisions are based on the students, academic history, evaluations of social, emotional, and behavioral needs, and input from educational professionals, including teachers, counselors, and support staff. Our goal is to create an educational environment that supports the individual needs of each student while fostering their overall growth and development. Please note that this placement may include enrollment in the Alternative Learning Program (night school) if it is deemed more appropriate.**

**Legal Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_