

BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT

_____HIGHLAND _____TIMBER CREEK _____TRITON

DEMOGRAPHICS FOR REGISTRATION

FOR OFFICE USE ONLY

STATE ID# _____	STUDENT ID# _____
DATE STARTING: _____	COUNSELOR: _____ OUT OF DISTRICT SCHOOL _____

STUDENT INFORMATION

Today's Date: _____

Student Legal First Name: _____ Middle Name: _____

Legal Last Name: _____ Student's Birth Date: _____

PLEASE CIRCLE THE APPROPRIATE RACE AND ETHNIC CODE NUMBER.

RACE CODE	RACE DESCRIPTION	RACE CODE	RACE DESCRIPTION	RACE CODE	RACE DESCRIPTION
1	WHITE	3	AMERICAN INDIAN/ALASKAN	5	HAWAIIAN NATIVE/OTHER PACIFIC ISLANDER
2	BLACK	4	ASIAN		
ETHNIC CODE	1 HISPANIC	ETHNIC CODE	2 non-HISPANIC		

Is this child a Special Education and/or Child Study Team? (Please check one) YES _____ NO _____

Previous School: _____ Student Gender: Male: _____ Female: _____

Grade Level: _____ City Student was Born in: _____

State Student Was Born in: _____ Country Student was Born in: _____

_____ 1 = Not Military Connected – Student is not military connected.

_____ 2 = Active Duty – Student is a dependent of a member of the Active-Duty Forces (Full-time) Army, Navy, Air Force, Marine Corps, or Coast Guard.

_____ 3 = National Guard or Reserve – Student is a dependent of a member of the National Guard or Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard).

PARENT/GUARDIAN INFORMATION

(Please check only one of the following)

Only English spoken at Home: _____ Only ** _____ spoken at Home.

(**Please write the name of the language.)

English and ** _____ spoken at Home.

(**Please write the name of the language.)

Parent/Guardian Info: **(Please check one)** Student lives with: **Both Parents:** _____, **Mother Only:** _____,
Father Only _____, **Grandparents** _____, **Other (please specify):** _____

Parent/Guardian **(FIRST)** What is your Relationship to the Student: _____

Last Name: _____ First Name: _____

Title: **(Please Check One):** Mrs. _____, Ms. _____, Mr. _____, Dr. _____, Rev. _____

Parent/Guardian Street Address: _____

Apartment #: _____ City: _____ Zip Code: _____

Parent/Guardian Home Phone #: (____) _____

Alternate Phone # (cell phone, etc.): (____) _____

Parent/Guardian Employer Name: _____

Work Telephone #: (____) _____ Ext.: _____

Parent/Guardian **(SECOND)** What is your Relationship to the Student: _____

Last Name: _____ First Name: _____

Title: **(Please Check One):** Mrs. _____, Ms. _____, Mr. _____, Dr. _____, Rev. _____

Parent/Guardian Street Address: _____

Apartment #: _____ City: _____ Zip Code: _____

Parent/Guardian Home Phone #: (____) _____

Alternate Phone # (cell phone, etc.): (____) _____

Parent/Guardian Employer Name: _____

Work Telephone #: (____) _____ Ext.: _____

EMERGENCY INFORMATION (OTHER THAN PARENT/GUARDIAN LISTED ABOVE.)

Emergency 1 – First Name: _____ Last Name: _____

Relationship to Student: _____

GUARDIAN HAS GIVEN PERMISSION FOR CONTACT TO PICK UP STUDENT: YES: _____ NO: _____

HOME STREET ADDRESS: _____ APT #: _____

City: _____ State: _____ Zip Code: _____

Emergency 1 – Phone # (____) _____ Ext: _____

Emergency 2 – Phone # (____) _____ Ext: _____

Emergency 2 – First Name: _____ Last Name: _____

Relationship to Student: _____

GUARDIAN HAS GIVEN PERMISSION FOR CONTACT TO PICK UP STUDENT: YES: _____ NO: _____

HOME STREET ADDRESS: _____ APT #: _____

City: _____ State: _____ Zip Code: _____

Emergency 1 – Phone # (____) _____ Ext: _____

Emergency 2 – Phone # (____) _____ Ext: _____

DOCTOR EMERGENCY INFORMATION

Physician's First Name: _____ Last Name: _____

Phone # (____) _____ Ext: _____

Do you have health insurance? YES: _____ NO: _____

If yes, what is the name of your provider? _____

PARENT ACCESS INFORMATION

Please provide an email address to be used for our Parent Access System. This will allow you to view your child's grades, attendance, and discipline.

Parent Name: _____

Email Address: _____ (please print clearly) **

** The email address above will be your username and you will receive a temporary password sent to that email. **

Student's first High School transfer: YES _____ NO _____

* If yes, nothing else is required. If no, and this is at least the student's second transfer, please fill out the Student-Athlete Residency Affidavit

Any high school aged siblings enrolled at BHPUSD (list names):
