

BERESFORD HIGH SCHOOL REGISTRATION FORM

Student's Name _____

Last

First

Middle

Gender (circle one): **F** **M** Date of Birth _____ Grade Level _____ Student Cell Phone # _____

Address _____

Street

City

State/Zip

County

Student lives with: Both Parents _____ Mother _____ Father _____ Guardian _____ Other _____

Mother/Guardian Name _____ Address (if different from student) _____ Home Phone# _____

Place of Employment _____ Work Phone # _____ Cell Phone # _____ E-mail Address _____

Father/Guardian Name _____ Address (if different from student) _____ Home Phone# _____

Place of Employment _____ Work Phone # _____ Cell Phone # _____ E-mail Address _____

Student Race & Ethnicity – Please answer all questions.

Is this student Hispanic or Latino?

_____ **No**, not Hispanic or Latino

_____ **Yes**, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race)

What is the student's race? (Choose one or more)

_____ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment)

_____ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

_____ **Black or African American** (A person having origins in any of the black racial groups of Africa)

_____ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

_____ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

What is the language most frequently spoken at home? _____

What language did your child learn when he/she first began to talk? _____

What language does your child most frequently speak at home? _____

What language do you most frequently speak to your child? _____

List two neighbors or nearby relatives who are willing to assume temporary care of your child if you cannot be reached in a case of emergency.

1. Name _____ Phone # _____

2. Name _____ Phone # _____

In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements deemed necessary in getting medical assistance for my child.

Parent/Guardian Signature _____ Date _____

Physician's Name _____ Clinic Name _____ Phone # _____