

Hickman Mills C-1 Schools – Kansas City, Missouri

Student Registration Form

Enrollment Date: \_\_\_\_\_

<b>For Office Use</b>
Grade: _____
School: _____
Teacher: _____

Student #1:

<b>Student's Legal Name:</b> Last: _____				First: _____		Middle: _____		Suffix: _____	
Social Security Number: _____			Grade: _____		Date of Birth: _____		Birth Certificate Number/ Place of Birth: _____		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			Ethnic Origin: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian			Medicaid Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Medicaid Number: _____			
Has your student previously attended a Hickman Mills School? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, which school? _____					
School attended last year if different									
Name: _____			City: _____		State: _____		Phone: _____		

Student #2:

<b>Student's Legal Name:</b> Last: _____				First: _____		Middle: _____		Suffix: _____	
Social Security Number: _____			Grade: _____		Date of Birth: _____		Birth Certificate Number/ Place of Birth: _____		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			Ethnic Origin: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian			Medicaid Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Medicaid Number: _____			
Has your student previously attended a Hickman Mills School? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, which school? _____					
School attended last year if different									
Name: _____			City: _____		State: _____		Phone: _____		

Student #3:

<b>Student's Legal Name:</b> Last: _____				First: _____		Middle: _____		Suffix: _____	
Social Security Number: _____			Grade: _____		Date of Birth: _____		Birth Certificate Number/ Place of Birth: _____		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			Ethnic Origin: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian			Medicaid Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Medicaid Number: _____			
Has your student previously attended a Hickman Mills School? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, which school? _____					
School attended last year if different									
Name: _____			City: _____		State: _____		Phone: _____		

Student #4:

<b>Student's Legal Name:</b> Last: _____				First: _____		Middle: _____		Suffix: _____	
Social Security Number: _____			Grade: _____		Date of Birth: _____		Birth Certificate Number/ Place of Birth: _____		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			Ethnic Origin: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian			Medicaid Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Medicaid Number: _____			
Has your student previously attended a Hickman Mills School? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, which school? _____					
School attended last year if different									
Name: _____			City: _____		State: _____		Phone: _____		

PLEASE FILL OUT BOTH SIDES OF THIS FORM.

## Household Information:

Students Live With: Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Placement <input type="checkbox"/> _____					
Parent #1 Name (Last, First):			Parent #2 Name (Last, First):		
Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> *Guardian <input type="checkbox"/> *Foster <input type="checkbox"/> *A complete original copy of any legal documents/court orders pertaining to the student must be presented. If Guardian, your relationship to the student: _____			Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> *Guardian <input type="checkbox"/> *Foster <input type="checkbox"/> *A complete original copy of any legal documents/court orders pertaining to the student must be presented. If Guardian, your relationship to the student: _____		
Home Phone:		Cell Phone:		Work Phone:	
Home Address:			Home Address:		
City, ST ZIP Code:			City, ST ZIP Code:		
Email Address: _____			Email Address: _____		

## Emergency Contact Information:

Name:	Relationship:	Address:	City/State:	Home/Cell Phone:	Work Phone:

## Other Information:

Has your family moved from one school district to another within the past three years to seek or obtain temporary or seasonal work in an agricultural or a related food process business? If yes, please complete the Migrant Parental Survey. <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child participated in any Early Childhood Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child ever participated in Parents As Teachers? (PAT) <input type="checkbox"/> Yes <input type="checkbox"/> No	Does or has your child ever received gifted education? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consider yourself homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is a language other than English, spoken in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Other Pertinent Information:</b> _____ _____			

<b>For Office Use Only:</b>
Transportation: _____

**PLEASE FILL OUT BOTH SIDES OF THIS FORM.**