HANNIBAL SCHOOL DISTRICT NO. 60
REGISTRATION FORM

Student Name (First, Middle, Last)	Grade	Gender € Male € Female	Date of Birth
Social Security Number	Student's Primary Language € English € Spanish € Other: _____		
Ethnicity: € Hispanic € Non-Hispanic	Race (May Select More Than One) € Native American/Eskimo € Asian € Black/African-American € Hispanic € Native Hawaiian or Pacific Islander € White		
City and State of Birth	County of Birth		

Student's Physical Address		
Mailing Address	Apt. No.	City, State, Zip, County
Student's Home Phone #1 ( ) - € Cell € Land € Other	Is this an Unlisted number? € Yes € No	
Student's Home Phone #2 ( ) - € Cell € Land € Other	Is this an Unlisted number? € Yes € No	

Primary Contact Information		
Contact Name (First, Middle, Last) € Mrs. € Mr. € Ms. € Dr.	Relationship to Student: € Mother € Father € Other (be specific):	
E-Mail Address		
Mailing Address	Apt No.	City, State, Zip
Home Phone	Cell Phone	Cell Phone
Employer	Work Phone (Include Extension)	

Primary Contact Information		
Contact Name (First, Middle, Last) € Mrs. € Mr. € Ms. € Dr.	Relationship to Student: € Mother € Father € Other (be specific):	
E-Mail Address		
Mailing Address	Apt No.	City, State, Zip
Home Phone	Cell Phone	Cell Phone
Employer	Work Phone (Include Extension)	

With whom does this child reside? Name (First, Middle, Last)	**Relationship:**

Alternate Parent Information (Non-Resident Parent)	
Name/Relationship	Request Mailings? € Yes € No
Alternate Parent Address	Home Phone ( ) - € Cell € Land € Other _____

Emergency Contacts				
Name	Home Phone	Work Phone	Cell Phone	Relationship
Name	Home Phone	Work Phone	Cell Phone	Relationship

In case there is an emergency and you cannot be located, provide emergency treatment information:	
Physician Name	Phone

Additional information about the student
1. Does this student have an Individual Education Plan (IEP)? € Yes € No
2. Does this student have a 504 Plan? € Yes € No
3. Has this student ever been under the jurisdiction of the Family or Juvenile Court? If yes, when?

Has child been in Hannibal Public Schools before? € Yes € No (Which schools have they attended?)
€ Early Childhood Center € Eugene Field Elementary € Mark Twain Elementary € Oakwood Elementary € Stowell Elementary € Veterans Elementary € Hannibal Middle School € Hannibal High School € Hannibal Career and Technical Center € Hannibal Education Center

Does this student have a chronic illness or disability? € Yes € No (Please specify in space below)

Under penalty of applicable Missouri law, I certify that the information on this form is accurate. I understand that submitting incorrect information may immediately invalidate enrollment.

_____ _____

Parent/Guardian Signature Date