

Tri-City MS/HS Registration Form 2011-2012

For office use only

Student ID:

FRL Other _____

STUDENT INFORMATION

First: _____ Middle: _____ Last: _____

Gender: M F Birth date: _____ Grade Level: _____

Social Security Number: _____ - _____ - _____ (*6th grade and new students only*)

Address: _____

City: _____ State: IL Zip code: _____

Is there another language besides English spoken in the home? Yes _____ No

PARENT/GUARDIAN INFORMATION

Name(s): _____

Home Phone Number: _____

Mother/Guardian Work Number: _____

Father/Guardian Work Number: _____

Cellular Phone Number(s): Mother/Guardian _____

Father/Guardian _____

Email Address: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name #1: _____

Phone Number: _____

Relationship to Student: _____

Emergency Contact Name #2: _____

Phone Number: _____

Relationship to Student: _____

MEDICAL INFORMATION

Allergies: _____

Preferred Hospital: _____

OTHER INFORMATION

- Military opt out - do not send name/address to any military branch (*Junior/Senior only*)
- Mail newsletter to address listed above