

# Tri-City Registration Form 2009-2010

*For office use only*

Student ID:

FRL  Other \_\_\_\_\_

## **STUDENT INFORMATION**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Gender: M F Birth date: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (*6<sup>th</sup> 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