

MARSHALL HIGH SCHOOL REGISTRATION

STUDENT INFORMATION

Grade _____ Date of Registration _____

Last Name _____ First Name _____ Middle _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Birth Date—Month _____ Day _____ Year _____

THIS IS THE ADDRESS THAT ALL SCHOOL MAILINGS WILL BE MAILED TO UNLESS OTHERWISE INDICATED.

Sex—M or F Student's Social Security Number _____

Student lives with (circle one) Both Parents Mother Father Other _____

Does the student live on a bus route? Yes No



PARENT INFORMATION

Father _____ Phone _____

Home Address (If different from student) _____

Employer _____ Work Phone _____ Cell _____

Mother _____ Phone _____

Home Address (If different from student) _____

Employer _____ Work Phone _____ Cell _____

E-Mail Address _____



EMERGENCY CONTACTS (Must be someone other than a parent)

1st Emergency Contact Person _____
Relationship _____ Phone _____

2nd Emergency Contact Person _____
Relationship _____ Phone _____

Name of any adult(s) who cannot have contact with student _____ Can your child
be photographed for newspapers, etc. Yes No

