

# Hancock County School District

## New Student Registration

- East Hancock    
  Hancock North Central    
  South Hancock    
  West Hancock  
 Hancock Middle    
  Hancock High

**Person Enrolling Student must be PARENT OR LEGAL GUARDIAN**

Please print all information

Today's Date

Has your child ever attended a school in the Hancock County School District ( ) Yes ( ) No

### Student Information

#### Student Name

Last			<b>Social Security #</b>		
First				<b>For Office Use Only</b>	
Middle				Enrollment Date	Sped
Preferred				Comp. Date	
Former Name				2 Proofs of Residency	

**Ethnicity**  Please Circle  Asian  Black  Hispanic  Native American  White

**Date Of Birth**  **Gender**  Please Circle  Male  Female **Grade**

#### Residence Address

Street Address

Line 2

City

County  Community

State  Zip

Residence Phone

( ) NO Phone/Unlisted

#### Place of Birth

City

County

State

Country

Birth Cert #

United States

**(Long Birth Certificate Form Required)**

Immunization Date

Office use only verified by:

#### Mailing Address

Line1

City

County

State  Zip

#### Transportation Information

Method (please circle)

**Bus**  **Car**

Bus #

**Was your child in a home-school prior to enrolling in this school?**

( ) Yes ( ) No \* If yes, your child will need to be screened prior to enrollment

#### Name of Previous Schools Attended

Name of School:  Revised 5/20/2008

Address  City  State  Zip

Phone #  Fax #

### Parent/Guardian Information #1

Relation Type
Last Name
First Name
Middle Name

Please Check

<input type="checkbox"/>	No Contact
<input type="checkbox"/>	Receives Mail
<input type="checkbox"/>	Check In/Out
<input type="checkbox"/>	Emergency Contact
<input type="checkbox"/>	Student Resides With
<input type="checkbox"/>	Deceased

#### Mailing Address

Street/PO Box	
City	
County	
State	Zip

Home Phone ( )

Cell Phone ( )

Work Phone ( )

### Parent/Guardian Information #2

Relation Type
Last Name
First Name
Middle Name

Please Check

<input type="checkbox"/>	No Contact
<input type="checkbox"/>	Receives Mail
<input type="checkbox"/>	Check In/Out
<input type="checkbox"/>	Emergency Contact
<input type="checkbox"/>	Student Resides With
<input type="checkbox"/>	Deceased

#### Mailing Address ( ) same address as parent 1

Street/PO Box	
City	
County	
State	Zip

Home Phone ( )

Cell Phone ( )

Work Phone ( )

### Emergency Contact #1

Relation Type
Last Name
First Name
Middle Name

Please Check

<input type="checkbox"/>	Check In/Out
<input type="checkbox"/>	Emergency Contact

#### Mailing Address

Street/PO Box	
City	
County	
State	Zip

Home Phone ( )

Cell Phone ( )

Work Phone ( )

### Emergency Contact #2

Relation Type
Last Name
First Name
Middle Name

Please Check

<input type="checkbox"/>	Check In/Out
<input type="checkbox"/>	Emergency Contact

#### Mailing Address

Street/PO Box	
City	
County	
State	Zip

Home Phone ( )

Cell Phone ( )

Work Phone ( )

### Medical Information:

Doctor Name:

Phone # ( ) -

Describe any health/medical conditions that may restrict or limit your child's school activities:

**Sisters/Brothers Attending School in Hancock County School District**

Name	Grade	School

**Special Services Information**

Has student received any of the following special services from his/her previous school

Gifted ( ) Yes ( ) No
Special Education Services ( ) Yes ( ) No
Speech Therapy ( ) Yes ( ) No
504 ( ) Yes ( ) No
If yes to above Major Ruling Category:
Placement Date: Current Ruling Date:
Related Service Category:
Last Re-Evaluation Date:
Most Current IEP Date:
<b>Please include a copy of IEP, if applicable</b>

**Home Language**

Public schools are required to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instructions for all students.

1. Which language did your son or daughter learn when he/she first began to talk?
2. What language does he/she most frequently use at home?
3. What language do you most frequently speak to your child?
4. Name the language most often spoken by the adults at home:


**Expulsion Record**

The school district is required under state law to secure the following information for every student in regard to his/her expulsion record. Please check appropriate responses below. In accordance with state requirements, school officials must undertake follow-up procedures for students who have been expelled or who are presently party to expulsion proceedings.

Has your child been expelled from any public or private school? ( ) Yes ( ) No

**Name and location of school from which student was expelled or is subject to expulsion.**

<b>Name of School</b>			
<b>Address of School</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

**Retention**

Has your child repeated a grade? If yes, which grade(s) \_\_\_\_\_

Reason(s) for retention: ( ) Failing Grades ( ) Attendance ( ) Other \_\_\_\_\_

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**

**Hancock County School District  
Policy and Procedures**

**Student Name**

I hereby give permission to have all pertinent records on the above named student be sent to the Hancock County School District

**Emergency Policy:**

**Emergency Policy:** If I cannot be reached, the school has my permission to secure the most readily available medical services and if necessary, have my child transported to the nearest emergency care facility. I understand that I will be responsible for any cost related to this action.

**STUDENTS' NAME/PICTURES IN PUBLICATIONS/NEWS MEDIA:**

The school district will publish the name and/or pictures of a student in school-related activities/events when the administration deems such activities or events to be appropriate. I have been notified that this information is in the student handbook. I understand that if I do not wish to have my child's name and/or picture to be used in school-related publications or in news media I must inform the administration in writing of specific news media or school-related publications in which I do not wish to have my child's name and/or picture appear.

**TEXTBOOK POLICY**

The school district provides textbooks at no charge to students. It is the responsibility of the parent to see that all student textbooks are returned to the school prior to transfer or end of the school year. (The replacement cost of the textbook will be charged to the custodial parent for textbooks not returned.)

**By my signature I hereby attest that I have read and understand the statements above.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date