

**HOLLY AREA SCHOOLS  
STUDENT REGISTRATION FORM**

SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_ STUDENT ID NO \_\_\_\_\_

**STUDENT INFORMATION:** \_\_\_\_\_

\_\_\_\_\_ Last Name First Name Middle

\_\_\_\_\_ Grade Sex Birth Date City and State of Birth Home Phone Number and Area Code

School Last Attended –District \_\_\_\_\_ Building \_\_\_\_\_

\_\_\_\_\_ Address City State Zip

Has your child ever received Special Education Services? \_\_\_\_\_ If Yes, please explain \_\_\_\_\_

Has your child attended Holly Area Schools before? \_\_\_\_\_ When? \_\_\_\_\_

Is your child a Band student? \_\_\_\_\_ Are you enrolling other children in this district? \_\_\_\_\_

Is a language other than English spoken in the home? Yes \_\_\_ No \_\_\_ If yes, what language \_\_\_\_\_

Ethnic/Race(This information is voluntary, for statistical purposes and will not be used in any other manner)-  
Please circle all that apply: African American Asian Caucasian Hispanic Native American Pacific Islander/Hawaiian

Student Resides with (please circle) Mother Father Step-Mother Step-Father Foster Parent Legal Guardian Other

Student Address: \_\_\_\_\_

Street City Zip

**PARENT/GUARDIAN INFORMATION**

\_\_\_\_\_ Last Name First Name Middle

\_\_\_\_\_ Employer Employer Area Code and Phone

\_\_\_\_\_ Last Name First Name Middle

\_\_\_\_\_ Employer Employer Area Code and Phone

Mailing Address (if different from student) \_\_\_\_\_

Street City Zip

**OTHER CHILDREN IN FAMILY:**

Name School Attending Age Grade

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_