

Howells-Dodge Consolidated Student Registration Information

STUDENT INFORMATION

Student's Name _____
First Middle Last

Name Preference _____

Address _____
Street/Road City Zip County

Mailing Address (if different from above) _____

Phone _____

Enrollment Date _____ Grade _____

Gender _____

Ethnic Group (White, Black, Hispanic, Asian, Native American) _____

Birthdate _____ Birth Place _____
City State

Language Spoken at Home _____

PARENT/GUARDIAN INFORMATION

Name _____
First Middle Last

Relation to Child _____

Address (if different than child's) _____

Cell Phone _____

Name _____
First Middle Last

Relation to Child _____

Address (if different than child's) _____

Cell Phone _____