

# HAMMONDSPORT Central School District

## Parent Taught Registration Form

### HOUSEHOLD INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street State City Zip

Mailing Address: \_\_\_\_\_  
Street State City Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Number of Adults in the home: \_\_\_\_\_

### STUDENT INFORMATION

Date First Entered District: \_\_\_/\_\_\_/\_\_\_ Enrollment Date: \_\_\_/\_\_\_/\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_ Gender:  Male  Female  
First Middle Last

**Ethnicity:** Is this student Hispanic, Latino or of Spanish Origin?  Yes  No

Select child's race from the following groups; check at least one. If multiracial, please check all groups that apply to your child;

White  Asian  Black  American Indian/Alaskan Native  Native Hawaiian or Pacific Islander  Multiracial

Dominant Language: \_\_\_\_\_ Student ID: \_\_\_\_\_  
(Office Use Only)

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