MPHS Registration Form

A. Native American
B. Asian
C. Black
D. Hispanic
E. Caucasian

_____ _____ _____ _____ ETHNIC
Date of Entry **Student Number (MPHS)** **Grade** **Sex** **Circle One**

_____ _____ _____
Last Name **First Name** **Middle**

_____ _____ _____
Date of Birth **Place of Birth (City/State or Country)** **Social Security Number**

_____ _____ _____ _____
Street Address **City** **County** **Zip**

_____ (_____)_____
Mailing Address (if different) **Home Phone**

_____ _____ (_____)_____
Primary Parent or Guardian **Occupation/Employer** **Work Phone**

_____ _____ (_____)_____
Other Parent or Guardian **Occupation/Employer** **Work Phone**

With whom does the student reside?_____

Does that parent/guardian live within the Mt. Pleasant Public School District?_____

If no, resident school district_____

If not residing with parent(s), living with: **Court approved guardian**_____
(provide documentation)
-or-
Parent approved power of attorney_____

Language spoken in home_____

Special Education (circle one) **YES** **NO**

If YES, please list Disability Certification_____

Date of last IEP (must have copy)_____

Emergency contact:_____ (_____)_____
Name (relationship) **phone**

Name of school last attended_____

Address (city/state)_____

_____

LAST DATE OF ATTENDANCE:_____