

DATE _____ SUMMERVILLE HIGH SCHOOL REGISTRATION FORM 2020-2021 ENTRY DATE _____

FROM: SUHS ISP LBHS MHS SFHS CSHS CONNECTIONS OTHER (CIRCLE ONE)
 TO: SUHS ISP LBHS MHS SFHS CSHS CONNECTIONS OTHER (CIRCLE ONE)

STUDENT'S LAST NAME	STUDENT'S FIRST NAME	MIDDLE NAME	OTHER LAST NAMES USED	GRADE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	PLACE OF BIRTH (CITY/ST)
STUDENT'S MAILING ADDRESS			CITY/STATE		ZIP	STUDENT'S HOME PHONE	
RESIDENCE ADDRESS, IF DIFFERENT FROM MAILING			CITY/STATE		ZIP		
FATHER'S NAME LAST/FIRST		STUDENT LIVES WITH FATHER? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOME PHONE	CELL#	EMAIL ADDRESS	DOES FATHER RECEIVES SCHOOL INFO? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS MAILING ADDRESS SAME AS STUDENT'S <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO PLEASE LIST BELOW.			EMPLOYER		WORK PHONE/EXT		
MOTHER'S NAME LAST/FIRST		STUDENT LIVES WITH MOTHER? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOME PHONE	CELL#	EMAIL ADDRESS	DOES MOTHER RECEIVES SCHOOL INFO? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS MAILING ADDRESS SAME AS STUDENT'S <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO PLEASE LIST BELOW.			EMPLOYER		WORK PHONE/EXT		
STUDENT'S STEPFATHER/GUARDIAN	MAILING ADDRESS	HOME PHONE	WORK PHONE/CELL#	EMAIL ADDRESS	RECEIVES COPY OF SCHOOL INFO? <input type="checkbox"/> YES <input type="checkbox"/> NO		
STUDENT'S STEPMOTHER/GUARDIAN	MAILING ADDRESS	HOME PHONE	WORK PHONE/CELL#	EMAIL ADDRESS	RECEIVES COPY OF SCHOOL INFO? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HIGHEST LEVEL OF EDUCATION-FATHER <input type="checkbox"/> NOT A HS GRAD <input type="checkbox"/> HS GRAD <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> COLLEGE GRAD <input type="checkbox"/> GRAD SCHOOL/POST GRAD <input type="checkbox"/> DECLINE TO STATE/UNKNOWN							
HIGHEST LEVEL OF EDUCATION-MOTHER <input type="checkbox"/> NOT A HS GRAD <input type="checkbox"/> HS GRAD <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> COLLEGE GRAD <input type="checkbox"/> GRAD SCHOOL/POST GRAD <input type="checkbox"/> DECLINE TO STATE/UNKNOWN							
OTHER CHILDREN OF FAMILY NAME	DOB	RELATIONSHIP TO STUDENT	LIVES AT HOME: <input type="checkbox"/> YES <input type="checkbox"/> NO	SCHOOL ATTENDING			
			<input type="checkbox"/> YES <input type="checkbox"/> NO				
			<input type="checkbox"/> YES <input type="checkbox"/> NO				
			<input type="checkbox"/> YES <input type="checkbox"/> NO				

