



Glenwood High School Registration

ID# _____

Student Family Name _____ School Last Attended _____

Student First Name _____ School _____

Student Middle Name _____ Street Address _____

Parent/Guardian Names _____ School _____

Street Address _____ City/State/Zip _____

City _____ Student Lives With: (please circle)

Zip _____ Father Mother Step-Father Step-Mother

Year (circle) 09 10 11 12 Relation _____

Sex (Circle) Male Female Firm Name _____

Social Security # _____ Phone _____ Ext. _____

Home Phone # _____ Cell Phone: _____

Birth Date _____ Adult/Female _____

Birth City/State _____ Relation _____

Birth County _____ Firm _____

Bus # A.M. _____ Phone _____ Ext. _____

Bus # P.M. _____ Cell Phone: _____

Emergency Contact: _____

Phone _____

Was student enrolled in any type of special education or speech therapy services? If yes, please list:

List any medical problems/medications: _____

Ethnic Origin: (please circle one)

- 1 AMERICAN INDIAN
- 2 ASIAN
- 3 BLACK/NON-HISPANIC
- 4 HISPANIC
- 5 WHITE
- 6 MULTI-RACIAL