



Please complete both sides of the form. Answer all questions that apply.
(A registration form must be completed annually for each student.)

Today's Date: _____

Please select one:

NEW STUDENT

RETURNING STUDENT

Grade Level Last Year: (2017 - 2018)	Grade Level This Year: (2018 - 2019)	Last School Attended	OFFICE USE ONLY	
			SHOTS: <input type="checkbox"/> Full <input type="checkbox"/> Temp <input type="checkbox"/> Exempt	
			BIRTH CER: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Student Information (Please use Student's Legal Name)

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	PLACE OF BIRTH	GENDER
STUDENT LOCAL ADDRESS (House # and Street Name, Apt. #, City, State, Zip)			SOCIAL SECURITY #: (OPTIONAL)		AGE
RELIGION	STUDENT ETHNIC ORIGIN: (MUST CHECK YES OR NO)		STUDENT ETHNIC ORIGIN:		
	<input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, not Hispanic or Latino		<input type="checkbox"/> Asian - A <input type="checkbox"/> American Indian or Alaskan Native - I <input type="checkbox"/> Native Hawaiian or Other Pacific Islander - P <input type="checkbox"/> White - W <input type="checkbox"/> Black or African American - B		
HOME LANGUAGE	Is a language other than English used in the home? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____				
If yes, please specify what language.	Did the student have a first language other than English? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____				
	Does the student most frequently speak a language other than English? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____				
WHO DOES THE CHILD LIVE WITH? CIRCLE ALL THAT APPLY.	BOTH PARENTS	FATHER	If GUARDIAN, please specify relationship to student		
	GUARDIAN	MOTHER			

Student Medical Information

FAMILY PHYSICIAN	OFFICE PHONE #	DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS/ALLERGIES?
IF ALLERGIES, PLEASE SPECIFY WHETHER THEY ARE SEASONAL OR FOOD RELATED: _____		
IF OTHER, PLEASE EXPLAIN: _____		
NAME AND DOSAGE OF DAILY MEDICINE: _____		
PARENT'S CONSENT FOR MEDICAL TREATMENT - MINOR CHILD		
I/We, the undersigned parent(s) or legal guardian(s), of _____, do hereby authorize the authorities of St. Helena School of Hobbs, Inc., to permit it's designated representatives to give consent to a physician and/or hospital for emergency medical and/or surgical treatment when necessary to our son/daughter for sustained injuries or sickness requiring emergency treatment during school hours while partaking in school sponsored activities such as education, social, or athletic events, provided such events have an authorized representative of the school present. It is understood that the school or it's representatives do not assume any financial responsibility for any expenses that might be incurred for said emergency treatment. It is further understood that the school authorities will notify us as soon as possible following the emergency, but in no way is treatment to be delayed until we have been notified.		
PARENT/GUARDIAN SIGNATURE: _____		DATE: _____

Father / Guardian Information (Circle One)

LAST NAME	FIRST NAME	PRIMARY PHONE #	SECONDARY PHONE #	EMAIL ADDRESS
ADDRESS (House #, Street Name, Apt. #, City, State, Zip)		EMPLOYER		WORK PHONE #

Mother / Guardian Information (Circle One)

LAST NAME	FIRST NAME	PRIMARY PHONE #	SECONDARY PHONE #	EMAIL ADDRESS
ADDRESS (House #, Street Name, Apt. #, City, State, Zip)		EMPLOYER		WORK PHONE #

If parents or guardians cannot be located, the school has permission to contact:

1	NAME: (FIRST AND LAST)	PRIMARY PHONE	RELATIONSHIP TO STUDENT	YES NO CAN PICK UP?
2	NAME: (FIRST AND LAST)	PRIMARY PHONE	RELATIONSHIP TO STUDENT	YES NO CAN PICK UP?
3	NAME: (FIRST AND LAST)	PRIMARY PHONE	RELATIONSHIP TO STUDENT	YES NO CAN PICK UP?
4	NAME: (FIRST AND LAST)	PRIMARY PHONE	RELATIONSHIP TO STUDENT	YES NO CAN PICK UP?
5	NAME: (FIRST AND LAST)	PRIMARY PHONE	RELATIONSHIP TO STUDENT	YES NO CAN PICK UP?

Media Release Form

There are several occasions during the school year that pictures of students are used for advertising purposes, sent with thank you notes, or used for fundraising projects. In addition, the Hobbs News-Sun and other media sources occasionally take photographs.

I, _____ give St. Helena School of Hobbs, Inc. permission to photograph, _____
PARENT/GUARDIAN NAME STUDENT NAME

I, _____ do not give St. Helena School of Hobbs, Inc. permission to photograph, _____
PARENT/GUARDIAN NAME STUDENT NAME

Parent Participation

St. Helena School of Hobbs, Inc., strongly believes in "parent power." The greater the parent/guardian support the increased success we can achieve as a school. There is endless research that outlines the countless benefits of parent involvement in their children's education.

Each family is required to serve a minimum of thirty (30) service hours during the school year. These hours must be completed by May 10, 2019. A cash fee of \$20 may be substituted for each service hour not served. Parents must attend a Safe Environment/Virtus training in order to participate in all classroom, recess, field trip, and before/after school activities. Unmet obligations will be added to the families bill at the end of the year.

It is mandatory that all parents sell or buy 2 Elimination Draw Tickets for our Mardi Gras Fundraiser. Each ticket is \$100. There are no exceptions. Parents must also serve a minimum of 4 hours with preparation of the fundraiser, during the event or with cleanup afterwards.

Any scholarships granted to students will not cover any service hour fees.

Guidelines on how to log hours and the various ways to earn hours are stated in the handbook.

By initialing you acknowledge that you have read and fully understand the Service Hour Requirement and are responsible for any and all unmet obligations. **Initial Here:** _____

Student Withdrawal

If it becomes necessary for a child to transfer to another school, the principal, office, and teacher should be notified. This should be done several days in advance so that all records can be properly completed. It is the responsibility of the parents to get the child's report card, and their personal possessions on the last day of the child's attendance.

When a child is withdrawn from school, for any reason, only tuition paid in advance for future months will be refunded. If a child withdraws before the end of the month, the tuition for the entire month must still be paid.

Late Payments

It will be the responsibility of each family to keep the office informed of any personal difficulties in making tuition payments. Any special arrangements for tuition payments will have to be made with the principal.

Families who miss a monthly payment due to insufficient funds will be assessed a \$25.00 missed payment fee by FACTS and may incur a fee from their own financial institution. The missed payment will be reattempted by FACTS within 20 days.

Accounts that are not up to date by the end of the first semester will be evaluated individually. Student attendance may not be permitted the second semester if account is not current.