
Holdingford JR/SR High School
Student Registration Form
Phone: (320) 746-2221 Fax: (320) 746-9959

Student Last Name

First Name

Middle Name

Today's Date

Date of Birth

Gender

Grade Entering

Student Email Address

Parent Email Address

Parent or Guardian

Parent or Guardian

Parent/Guardian Cell Phone:

Parent/Guardian Cell Phone

Student's Address

Student's Home Phone

City, State, Zip Code

County

Township

Do you live in the Holdingford
School District?

If not, which school district do you live in?

Yes _____

No _____

Who does the student live with?

If there is a non-custodial parent, should they
receive information?

Yes _____

No _____

Non-custodial parent name

Non-custodial parent phone number

Non-custodial parent address

Non-custodial parent email address

Person to call other than parent/guardian in the event of an emergency:

Name: _____

Phone: _____

Relationship: _____

Last school your child attended

Student's Language

Student Race: Is the student
Hispanic or Latino?

Yes _____

No _____

If not, please check Student Race (check all that apply):

_____ Asian

_____ White

_____ Pacific Islander

_____ Black or African American

_____ American Indian or

_____ Other

Alaskan Native

Picture Release: During the course of the school year, pictures are taken periodically of the students during activities and events. These pictures can be seen on the district website or newsletter, local newspaper, and the jr/sr high yearbook. Please check all that the school has permission to use your child's name and picture.

_____ District Website

_____ District Newsletter

_____ Local Newspaper

_____ Jr/Sr High Yearbook

Does your child have any special needs?

(i.e. special ed, IEP, 504 plan, health)

_____ Yes

_____ No

If yes, please identify:

Transportation:

If your child needs bus transportation, please contact Rodney Ebnet, Transportation Director, at (320) 746-4464.

Release of Academic Information:

In some circumstances, a parent/legal guardian may request their child's academic information be shared with a step-parent, grandparent, daycare provider, nanny etc. If this pertains to you, please complete the following: I consent to release the information indicated below to:

Name: _____

Relationship to Student: _____

Address: _____

Parent Signature: _____

Date: _____