

**Hanover Public School District
Registration Form**

Type of Registration: Initial Re-Entry Withdrawal Address Change

Initial and Re-Entry Registration

Name: _____ Registration: K 1 2 3 4 5 6 7 8 9 10 11 12
Last First Middle IEP _____ Yes _____ No

Student ID #: _____ Ethnicity: _____ Telephone Number: _____

Address: _____ Circle M F

Birth Certificate #: _____ Other: _____ Effective Date: _____ Principal's Initials _____

Name and Address of Last School Attended: _____

Language Spoken at Home: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Home Email Address: _____

Siblings			
Name	DOB	Name	DOB

Name	Address and Phone (home and cell)	Occupation & Place of Employment	Highest Grade Completed
Father:			
Mother: (Include Maiden Name)			
Step-Parent:			
Guardian:			

Signature of Parent/ Guardian: _____

Withdrawal or Address Change

Name: _____ Age: _____ Grade: _____ Building: C H W MS HS

Parent / Guardian Name (s): _____ Effective Date: _____

Old Address: _____ New Address: _____

If Withdrawal Indicate Reason: _____

Signature of Parent/Guardian: _____ New Telephone # _____

Office Use Only

Assigned to: _____ Route to: _____ Building Secretary
Grade _____ HR _____ Superintendent Secretary
Building _____ Nurse _____ Special Education Secretary
Wage Tax Office _____

Date Immunization Completed: _____
Immunization Completed by: _____
Enrollment Completed by: _____ Date: _____
Enrollment Code: _____
Withdrawal Code: _____