

**HOBBS MUNICIPAL SCHOOLS
ELEMENTARY REGISTRATION FORM**

*Please print all information

School: _____	Entry Date: _____	Entry Code: _____	Student ID# _____
Office Use Only: State Birth Certificate: _____ Social Security Card: _____ Immunization Records: _____ Lang. Questionnaire: _____			
(Kindergarten) Date: _____		Time: _____	

Student Name: _____ **Home Phone #** _____
(Last) (First) (MI) (Other)

Social Security # _____ **Date of Birth:** _____ **Age:** _____ **Grade:** _____ **Sex:** Female: _____ Male: _____

Address: _____ **Place of Birth** _____
(Street/City/State/Zip Code) (City/State/Country)

Home Language: (Check only one) (00) English (01) Spanish (15) Other (Specify): _____

Nationality: (Check only one) (US) United States (MX) Mexico (CN) Canada Other (Specify): _____

*If American Indian please provide the following Information: Tribe _____ Census# _____

*If American Indian please answer the following question: Federal Form 506 or Census Number on File? ___ Yes ___ No

Is student Hispanic/Latino? ___ Yes ___ No

Race Code: C Caucasian B Black/American A Asian P Pac Island American Indian

Foreign Students only: What year did you enter the U.S. the first time? _____ From what Country? _____

Does student live with both parents? ___ If no, check one of the following: Mother Father Guardian

Do you have court papers showing this custody? ___ Yes ___ No

Please list any special instructions that need to be added to students file; such as custody arrangements, restraining orders, health, etc....

Primary Contact: (Name of person with whom student lives) _____

Relationship to student: Father Mother Step-Mother Step-Father Guardian Other: _____
Last First MI

Address _____ City/State/Zip _____ Home Phone # _____ Cell Phone # _____
() ()

Place of Employment _____ Work Phone # _____ Ext _____

Secondary Contact: (Name of person with whom student lives) _____

Relationship to student: Father Mother Step-Mother Step-Father Guardian Other: _____
Last First MI

Address _____ City/State/Zip _____ Home Phone # _____ Cell Phone # _____
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Place of Employment _____ Work Phone # _____ Ext _____

Doctor: _____ Address _____ Phone # _____

In the event the person(s) listed above cannot be reached the following people will be contacted.

Also I give authorization for the person(s) listed below to pick up this student from school

1. Name _____ Phone # _____ Relationship to student _____

2. Name _____ Phone # _____ Relationship to student _____

3. Name _____ Phone # _____ Relationship to student _____

Name and address of last School attended: _____
(Name) (Address) (City/State/Zip)

Has student ever attended a Hobbs School? ___Yes___No *If yes please list school(s)*

1. _____ 2. _____

Has student ever attended a New Mexico School? ___Yes___No *If yes please list school(s)*

1. _____ 2. _____

Has student ever participated in Special Educational Program? ___Yes ___No

Mark the program student participated in: ___Resource ___Bilingual ___Gifted

List Names of Children in Your Home:

Name	Age	Relation to student

ADDITIONAL HEALTH INFORMATION

Asthma: _____ Allergies:(Please list type) _____

Other Medical Condintions: _____

Term Pregnancy:_____ Premature:_____ Complications:_____

At what age did your child: Crawl:_____Walk:_____Talk:_____

Has child any nervous tendencies:_____ Fear of darkness: _____ Overactive: _____ Insecure: _____

Aggressive: _____ Independent: _____ Dependent: _____ Timid: _____

Attitude toward other children: _____

Comments: _____

Hobbs Municipal Schools
1515 East Sanger - P.O. Box 1030
Hobbs, NM 88241 (575) 433-0100

www.hobbsschools.net