



**HUGOTON SCHOOL DISTRICT**

2011/2012 Enrollment Form  HS  MS  ES

\*Full LEGAL Name

\*Address: Mailing Address: same

\*City: \*State: \*Zip Code:

\*Home Phone: \*Cell Phone: Pref Sch Reach Phone:

\*Birthplace: Do you have a telemarketer block?  Yes  No

\*Birthdate: Grade: Social Security #:

Race and Ethnicity: (Note both Part A and Part B of the question **must be** answered.)

Part A: **Is this student Hispanic/Latino? (Choose only one)**  
 **No, not Hispanic/Latino**  
 **Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central America, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

Part B: **What is the student's race? (Choose one or more)**  
 **American Indian or Alaska Native** (A person having origins in any of the original peoples of N. & S. America, (inc. Central America for ex. *US & Mexico*), & who maintains tribal affiliation or community attachment.  
 **Asian** (A person having origins in any of the original peoples of the Far East, SE Asia, or the Indian subcontinent inc, for ex., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Isl., Thailand, & Vietnam.  
 **Black or African American** (A person having origins in any of the black racial groups of Africa.)  
 **Native Hawaiian or Other Pacific Islander** ( A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)  
 **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Language you would like to receive correspondence for this child in:  English  Spanish  Other

Father/Guardian Name:

Home Address:

City: State: Zip Code:

Home Phone: Cell Phone:

Employer: Work Phone:

Email Address:

Mother/Guardian Name:

Home Address:

City: State: Zip Code:

Home Phone: Cell Phone:

Employer: Work Phone:

Email Address:

\*Emergency Contact #1 Name:

Relationship to student:

\*Home Phone: \*Work Phone: \*Cell Phone:

Emergency Contact #2 Name:

Relationship to student:

Home Phone: Work Phone: Cell Phone:

Doctor: Phone:

Dentist: Phone:

I attest that the information contained herein is correct to the best of my knowledge.

Legal Parent/Guardian Signature

Date