

Barbour County High School

P. O. 339 ~165 South Midway Street ~ Clayton, AL 36016
Phone (334) 775-3545~Fax (334) 775-8861

Student Registration Form

Current Grade _____ School Year _____

Student Name _____
(Last) (First) (Middle Initial)

Date of birth _____ Social Security Number _____

Address _____
(Mailing Address)

(Street Address)

(City)

(State)

(Zip Code)

Home phone number () _____

Student lives with: Both parents [] Mother only [] Father only [] Guardian []

Mother/Stepfather [] Father/Stepmother [] Grandparent []

Name(s) of person(s) with whom student is living: _____

Work number () _____ Cell number () _____

E-mail address _____

Person to contact if parent/guardian cannot be reached (someone, other than yourself, that can be reached during the day who has agreed to pick up your child if he/she should become ill or injured at school and you cannot be reached).

Name _____ Relationship to child _____

Phone number _____

Student Bus Number _____ Bus Driver _____

Parent/Guardian signature _____

Date signed _____

No person shall be denied employment in, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any program or activity on the basis of sex, age, race religious belief, national origin, ethnic group or disability.