ENROLLMENT FORM FOR NEW STUDENTS OR UPDATE RETURNING STUDENTS

Hoonah City Schools P.O. Box 157

FOR SCHOOL USE ONLY

P.O. Box 157				Date Entered:	
Hoonah AK 99829			Grade:		
				nization on file:	
Student's Full Name: (Last/First/Middle)				Nickname:	
Male Female				Present Grade:	
Birth Date: Birth Place	City:		State:_		
Names & Grades of Brothers and Si	isters enrolled in	n Hoonah City Scho	ools		
Father's Name					
Street Address P.C	D. Box #	Phone #		Email Address	
Mother's Name		Employer			
Street Address P.C	D. Box #	Phone #		Email Address	
Name, Address & Phone # of School In Case of Emergency Contact:			Phone	#	
Please answer both questions 1 & 2 1. Is this student Hispanic or I		one)			
No Not Hisp	panic or Latino	Yes_		Hispanic or Latino	
2. What Ethnicity is this stude	nt?				
a. American Indian					
b. Alaska Native	_				
c. Asian					
d. African American of					
e. Native Hawaiian or	other Pacific Is	lander			
f. White					
g. Two or More Races	8				
Attended HeadstartYesNo	Attended Kind	lergartenYes_	No	Physical DefectsYesNo	
Childhood Diseases:		Special Health	Problems	& Known Allergies	

Primary Phone number () Cell () Landline This is the phone number that will be called first when sending information
Alternative phone number() Cell () Landline
To subscriber to our text messaging servie please text "Y" or "Yes" to 67587. You may opt out of receiving messages at any time.
School Messenger is compliant with the student privacy pledge, so you can rest assured that your information is safe and will never be given or sold to anyone.

Hoonah City Schools subscribes to School Messenger and use it frequently as a means of communication. To ensure that you receive the most **up-to-date information** and are tied in to this communication portal please provide the following

information: