

**Booneville High School
Registration Form**

Student Name: _____ **Grade** _____ **D.O.B.** _____ **Age** _____

Street Address: _____ **SS Number:** _____

Mailing

Address: _____

Student Cell Number: _____

(Only Father, Mother or Guardian may sign the student out)

Child in Custody of: _____

Father's Name: _____ **Cell Number:** _____

Father's Employer: _____ **Phone Number:** _____

Mother's Name: _____ **Cell Number:** _____

Mother's Employer: _____ **Cell Number:** _____

Or

Guardian's Name: _____ **Cell Number:** _____

Guardian's Employer: _____ **Phone Number:** _____

Medications:

Allergies:

Health Concerns:

(Only the Father, Mother or Guardian may sign the student out through the office)

Emergency Contact Name: _____ **Phone Number:** _____