

New Student Registration

Glenwood Community High School

Please **PRINT** your student's information on the lines below.

General Information	New Information
Student's Name: (Last, First, Middle)	
Mailing Address:	
City, State, Zip	
Home Phone:	
Birth Date: / Birthplace:	
Social Security Number:	
Ethnicity: / Gender:	
Physical Address:	
City, State, Zip	
Grade:	

Parent/Guardian Information	New Information
Student Lives With:	
Mother: (Last, First)	
Mailing Address:	
City, State, Zip	
Employer: / Day Phone:	
Home Phone: / Cell Phone:	
Email Address:	
Father: (Last, First)	
Mailing Address:	
City, State, Zip	
Employer: / Day Phone:	
Home Phone: / Cell Phone:	
Email Address:	
Stepmother's Name: (Last, First)	
Mailing Address:	
City, State, Zip	
Employer: / Day Phone:	
Home Phone: / Cell Phone:	
Email Address:	
Stepfather's Name: (Last, First)	
Mailing Address:	
City, State, Zip	
Employer: / Day Phone:	
Home Phone: / Cell Phone:	
Email Address:	
1st Guardian's Name / Relationship:	
Mailing Address:	
City, State, Zip	
Employer: / Day Phone:	
Home Phone: / Cell Phone:	
Email Address:	
2nd Guardian's Name / Relationship:	
Mailing Address:	
City, State, Zip	
Employer: / Day Phone:	
Home Phone: / Cell Phone:	
Email Address:	

Extra Mailing Goes To: ___ Mother ___ Father ___ Stepmother ___ Stepfather ___ Guardian 1 ___ Guardian 2
