

# Hunter High School ~ Student Enrollment Form

Student  
Name:

(Last) (First) (Middle)

*\*Name must be student's legal name as it appears on birth certificate\**

Granite Student #

Today's Date

Grade in School  
9 10 11 12

Student  
Address:

House Number and Street Name

Apt. #

City

Zip Code

Students' Cell: ( ) Social Security # / /

## Administration Signatures

In Hunter's Boundaries: Yes No Early/Late Admin Bookkeeper Fees Pd Fee Waiver  
Immunizations: 1<sup>st</sup> MMR after 1<sup>st</sup> birthday 2<sup>nd</sup> MMR DPT Polio Hep B Hep A Chicken Pox Tdap  
Birth Cert. (We must have one) Transcripts (circle all that apply) 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

## Demographic Information

Ethnicity: Is this student Spanish/Latino? ☐ Yes ☐ No  
☐ Asian ☐ African American ☐ Caucasian/White  
☐ Pacific Islander ☐ American Indian/Alaskan ☐ Hispanic/Spanish

☐ Male  
☐ Female

Date of Birth  
/ /  
M D Y

1. Does the student speak a language other than English? \_\_\_\_\_
2. Has the student ever spoken any language other than English? \_\_\_\_\_
3. Does the student understand any language other than English? \_\_\_\_\_
4. What language should the school use in written notices to your home? \_\_\_\_\_
5. What is primary language spoken in home? \_\_\_\_\_ Secondary Language? \_\_\_\_\_

Does the student have an  
IEP or 504 Plan?

☐ Yes ☐ No

If yes, include copy of document  
at time of registration.

## Additional Information

Previous School Attended: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
Fax: ( ) \_\_\_\_\_

Health Issues

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Contact Information

Student Lives with: Both Parents Father Mother Step Father Step Mother  
(Circle all that apply) Other: Explain \_\_\_\_\_

**1st Legal Guardian Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_  
Work Phone: ( ) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Signature: \_\_\_\_\_

**2nd Legal Guardian Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_  
Work Phone: ( ) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Signature: \_\_\_\_\_

**Emergency Contact:**

**Name:** \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_  
Work Phone: ( ) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Emergency Contact:**

**Name:** \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_  
Work Phone: ( ) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Please fill this form out completely, save a copy, and email to school registrar at [lfoust@graniteschools.org](mailto:lfoust@graniteschools.org).

Please attach all necessary documentation to the same email to begin the enrollment process. You will receive an update within 2 business days.