

**Cerro Gordo Junior/Senior High School Student Registration Information  
Information to be completed by Parent or Legal Guardian.**

---

**LAST NAME** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_ **MIDDLE NAME** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **BUS RIDER?** YES NO  
**RACE** \_\_\_\_\_ **GENDER** MALE FEMALE

**FATHER** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **(CITY,STATE,ZIP)** \_\_\_\_\_

**PLACE OF OCCUPATION** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**MOTHER** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **(CITY,STATE,ZIP)** \_\_\_\_\_

**PLACE OF OCCUPATION** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**Please list any allergies your child has:**

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

**\*\*In case of emergency and I cannot be contacted, I hereby give Cerro Gordo Schools permission to take my child to the doctor/hospital for treatment and I hereby give the doctor/hospital permission to attend to my child as needed.**

---

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please list NAME, RELATIONSHIP & TELEPHONE number for all emergency contacts :**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_