# Twin Harbors, A Branch of New Market Skills Center

## SCHOOL REGISTRATION INFORMATION

**DATE** ____________________ **HOME HIGH SCHOOL** ____________________

**PROGRAM**
- [ ] Automotive
- [ ] Industrial Engineering
- [ ] Cosmetology
- [ ] Professional Medical Careers –Nursing
- [ ] Criminal Justice
- [ ] Medical Assistant

**SESSION**
- [ ] Summer
- [ ] School Year

## FOR DISTRICT USE

- **Student #** ____________________
- **Entry Date** ____________________
- **Withdrawal Date** ____________________
- **Assigned Grade Level** ____________________

## STUDENT INFORMATION

<table>
<thead>
<tr>
<th>STUDENT’S LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>GENDER</th>
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**STUDENT’S LEGAL NAME** (If different than above)

**DATE OF BIRTH**

**STUDENT’S PRIOR NAME** (If applicable)

**CURRENT GRADE LEVEL**

**MAILING ADDRESS**

**APT.**

**PHYSICAL STREET ADDRESS** (If different than above)

**CITY**

**ZIP CODE**

**PHOTO/VIDEO RELEASE**

YOUR CHILD’S PHOTO/VIDEO MAY BE TAKEN FOR INCLUSION IN DISTRICT PUBLICATIONS, PROGRAM OR DISTRICT WEB PAGES, LOCAL NEWSPAPERS, OR LETTERS RELATING TO SCHOOL ACTIVITIES. PLEASE CHECK BELOW.

- [ ] **YES, I GIVE MY PERMISSION**
- [ ] **NO, I DO NOT GIVE MY PERMISSION**