

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

STUDENT'S LAST NAME	FIRST NAME	MIDDLE NAME	GENDER M F
STUDENT'S LEGAL NAME (If different than above)		DATE OF BIRTH	
STUDENT'S PRIOR NAME (If applicable)			CURRENT GRADE LEVEL
MAILING ADDRESS		APT.	PRIMARY PHONE
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