

Registration Information

(Please fill out for each student)

Student Name		School Attending		Grade Level	
Parent / Family 1 Name (s)		Best Contact Information	Phone Call / Text / Email Phone Number: Email:	Educational Rights?	Yes / No
Parent / Family 2 Name (s)		Best Contact Information	Phone Call / Text / Email Phone Number: Email:	Educational Rights?	Yes / No
Emergency Contact		Emergency Contact Phone		Relationship	

Student Age		Student Date of Birth (mm/dd/yy)	
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The following information is completely voluntary:

Does this student have a current IEP or 504?	Yes / No -> If yes, please explain:
Does this student have any allergies or diagnoses? Is EpiPen required? Yes / No	Yes / No -> If yes, please explain:
Does this student have any custodial issues/parenting time/court orders in place that will affect his/her/their time with HBES (drop off/pick up, release information/OFP, etc.)? <i>(for example, is there an OFP stating someone cannot pick up your child? Is there a custodial issue where one parent is at risk for picking up your child when it isn't their parenting time? HBES IS responsible for your child during this time and wants to ensure his/her/their safety at all times AND will respond in accordance with the law.)</i>	Yes / No -> If yes, please explain and provide court order to Ashley to clarify in person legal situation:

For Office Use Only

<u>Registered</u>	Online / In Person	<u>Payment Method</u>	Card / PayPal App QR Code / Online / Check / Money Order
<u>Days Registered</u>			