

Returning Student Registration Form 2020-2021
ROUND TOP-CARMINE HIGH SCHOOL • 378 CENTENNIAL ST. • CARMINE, TX 78932

| STUDENT INFORMATION | PLEASE PRINT / USAR LETRA DE MOLDE | GRADE / GRADO: |
|---|------------------------------------|----------------|
| LAST / APELLIDO _____ FIRST / PRIMER NOMBRE _____ INITIAL / INICIAL _____ DOB / Fecha de Nacimiento _____ RESIDENTIAL ADDRESS / LA DIRECCIÓN RESIDENCIAL: _____ Street City State Zip MAILING ADDRESS / LA DIRECCIÓN DE CORRESPONDENCIA: _____ P.O. Box or Street (if different from physical address) City, State, Zip Student's Cell: _____ Student's Email: _____ | | |

| CONTACT INFORMATION | |
|---------------------|--|
| Contact #1 | LAST / APELLIDO _____ FIRST / PRIMER NOMBRE _____ RELATIONSHIP TO STUDENT/LA RELACIÓN CON EL ESTUDIANTE _____ ADDRESS IF DIFFERENT FROM ABOVE: _____ Street City State Zip PLEASE CHECK ALL THAT APPLY: GUARDIAN: <input type="checkbox"/> YES <input type="checkbox"/> NO EMERGENCY CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO BEST CONTACT NUMBER: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK EMAIL: _____ |
| Contact #2 | LAST / APELLIDO _____ FIRST / PRIMER NOMBRE _____ RELATIONSHIP TO STUDENT/LA RELACIÓN CON EL ESTUDIANTE _____ ADDRESS IF DIFFERENT FROM ABOVE: _____ Street City State Zip PLEASE CHECK ALL THAT APPLY: GUARDIAN: <input type="checkbox"/> YES <input type="checkbox"/> NO EMERGENCY CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO BEST CONTACT NUMBER: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK EMAIL: _____ |
| Contact #3 | LAST / APELLIDO _____ FIRST / PRIMER NOMBRE _____ RELATIONSHIP TO STUDENT/LA RELACIÓN CON EL ESTUDIANTE _____ ADDRESS IF DIFFERENT FROM ABOVE: _____ Street City State Zip PLEASE CHECK ALL THAT APPLY: GUARDIAN: <input type="checkbox"/> YES <input type="checkbox"/> NO EMERGENCY CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO BEST CONTACT NUMBER: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK EMAIL: _____ |

SIGNATURE OF PARENT/GUARDIAN

DATE