

STUDENT'S LAST NAME, FIRST NAME (Please Print)		DOB: (Mo/Day/Yr)	Grade at HMS (SY 09/10):
SPONSOR'S NAME and UNIT	Work	Home Number	Cell Number
Spouse's Name	Work	Home # (if not the same above)	Cell Number

Has your child been enrolled in any of the following programs in previous years?			BROTHER/SISTER ATTENDING HEIDELBERG SCHOOLS:		
PROGRAMS	Yes	No	Grade		
Remedial Reading				Name	School
Speech					Grade
ESL				Name	School
Special Education					Grade
Counseling Services				Name	School
Talented & Gifted					Grade
Other (explain)				Does your child have hearing problems? Yes ___ No ___	
Does your child wear/need glasses? Yes ___ No ___					
Has your child ever repeated a grade? Yes ___ No ___ If yes, what grade _____					

Sponsor's E-Mail:	Spouse's E-mail:		
EMERGENCY CONTACT INFORMATION – PLEASE IDENTIFY SOMEONE THE SCHOOL CAN CONTACT IN AN EMERGENCY:			
Name:	Work Phone #	Home #	Cell #
Can the school release your child if we are unable to contact the sponsor/parent?		Yes	No

Signature of Sponsor: _____ Enrollment Date: _____

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