

2021-2022 Capital High School Sophomore Registration

Date: _____

Due to Counselor: _____

Last Name: _____	First Name: _____	Middle I: _____
Student Date of Birth: ___/___/___	Birth Place: _____	Gender: ___ Male ___ Female
Street Address: _____	City: _____	Zip Code: _____
Mailing Address (if different than residential): _____		

PARENT INFORMATION

Mother	Step-Mother	Guardian (circle one)	Father	Step-Father	Guardian (Circle one)
Name: _____	Name: _____			Name: _____	
Address: _____	Address: _____			Address: _____	
Home Phone: _____	Home Phone: _____			Home Phone: _____	
Work Phone: _____	Work Phone: _____			Work Phone: _____	
Email: _____	Email: _____			Email: _____	
Student Lives with:	___ Both Parents	___ Mother	___ Father	___ Other:	_____

Emergency Contact (someone other than legal guardian) : _____

Emergency Contact Phone: _____ Alt Emergency Phone _____

If you are transferring from out of district, were you previously in HSD1 Y/N

*School Name: _____ City: _____ State: _____ Zip: _____

**If last school attended was not in HSD1*

Does your child have the following Special Services? IEP _____ Section 504 _____ Health Alert _____

Ethnicity:

___ Asian ___ Hispanic ___ Black ___ American Indian/Alaska Native ___ White ___ Native Hawaiian/Pacific Islander

Capital High is striving to increase communication with parents. One of the most cost effective ways for us to get up to date information to you is through email. We ask that you provide a primary email address that you check regularly.

This is a new email address

Parent Signature- REQUIRED

I have reviewed and support my student's class selections (on back of registration sheet).

(Parent Signature) (Student Signature)

FULL REGISTRATION GUIDE CAN BE FOUND AT
chs.helenaschools.org/course-catalog

