

CRALC Summer Student Enrollment

1200 Roberts Road SW, Hutchinson, MN 55350 **Hutchinson Public Schools, ISD 423**

Phone 320-587-2151 Fax 320-587-8217

Student Information *(Enter the student's full legal name as it appears on their birth certificate)*

Last Name: _____ First Name: _____ Middle Name: _____

Nickname or Preferred Name: _____ Student's Home Number (Area Code) _____ Student's Cell Number (Area Code) _____

Street Address & Apt #: _____ City, State, Zip: _____

Birthdate (MM/DD/YY): _____ Primary Language: _____ Gender: (Circle) Male or Female Enrolling in Grade: _____

Check One: ☐ American Indian ☐ Asian ☐ Hispanic ☐ African American ☐ White (Not Hispanic)

Parent / Guardian Information

With whom do you live (Circle one): Both Parents Mother Father Foster Parent(s) Guardian
Other: _____

Parent / Guardian - #1

First & Last Name: _____ Relationship to Student: _____

Street Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip: _____

Home Phone (Area Code): _____ Cell Phone (Area Code): _____

Home Email Address: _____

Employer: _____

Work Phone (Area Code): _____ Work Email: _____

Parent / Guardian - #2

First & Last Name: _____ Relationship to Student: _____

Street Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip: _____

Home Phone (Area Code): _____ Cell Phone (Area Code): _____

Home Email Address: _____

Employer: _____

Work Phone (Area Code): _____ Work Email: _____

School Information

Are you currently attending any other school? ☐ Yes ☐ No Do you plan to return? ☐ Yes ☐ No If yes, when? _____ Do you have a current IEP? ☐ Yes ☐ No

Name of last school attended _____