



COOP/HSPT



COOP/HSPT REGISTRATION INFORMATION WORKSHEET

This form may be used for gathering information necessary for online registration.

Please print all information.

Elementary School Code (see instructions in Student Handbook)

First Name: _____

Last Name: _____

Date of Birth:
m m d d y y y y

Number, Street, Apt./Floor _____

City: _____ State Zip

Phone: _____

Gender: M F (Circle one)

Parent Email: _____

Parent Last Name: _____
(ONLY if different from student's last name)

TEST SITE CHOICES. SEE INSTRUCTIONS IN STUDENT HANDBOOK.

SCH. NAME _____ SCH. CODE

SCH. NAME _____ SCH. CODE

SCH. NAME _____ SCH.CODE