

MATTHEWS ALTERNATIVE HIGH SCHOOL NIGHT SCHOOL REGISTRATION FORM

SCHOOL YEAR 2020-2021	GRADE	SCHOOL MATTHEWS	STUDENT ID	PEIMS ID	ENROLL DATE	CODE
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Student Legal Name (Last, First, Middle): _____

Gender

M / F

Student SSN: _____

Parent Name (If student is 17 and under): _____

Student
Date of Birth: _____

Address
Code: _____

APT. _____

Zip _____

CELL NUMBER _____

HOME NUMBER: _____

Last Lubbock School Attended: _____

IF NOT LUBBOCK, PLEASE LIST NAME OF
LAST SCHOOL ATTENDED AND THE YEAR _____

Emergency Contact: _____

Phone: _____

Emergency Contact: _____

Phone: _____

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

(If student is 17 and under)

PLEASE READ:

If you have never attended a Lubbock Public School we need the following items:

1. A copy of your Birth Certificate
2. A copy of your Social Security Card
3. A completed language survey