

Camden Central High School
Registration and Program Card

Date of Enrollment _____

Last Name _____ First Name _____ Middle _____

Residence Address _____ City _____ State _____ Zip _____

Mailing Address if different _____

Home Phone _____ Emergency Name & Phone _____

Social Security _____ - _____ - _____ DOB _____ Sex _____ Grade _____

Ethnic (check one) _____ White, not Hispanic _____ Hispanic _____ Black, not Hispanic
 _____ Asian/Pacific Islander _____ American Indian/Alaska Native

Parent(s)/Guardian _____ Place of Employment _____

Work Phone _____ Cell Phone _____

Email Address of Parent/Guardian _____

Is this student in a special or 504 program? _____ Yes _____ No

Has this student been enrolled in Benton County Schools previously? _____ Yes _____ No If yes, when? _____

Previous School _____ Address _____

EOC Notes _____

Student's Mother's Maiden Last Name _____

Student's city, county, state of birth _____

Focus of Study _____

TO BE COMPLETED BY GUIDANCE OFFICE: PROJECTED SCHEDULE

First Semester

Second Semester

Period	Subject/Course number	Teacher	Subject/Course number	Teacher
1				
2				
3				
4				
5, 6, 7				
8				
9				