



NDI New Mexico at the Hiland

Fall Registration 2018-2019

Student Name: _____
Account Name: _____
Date of Registration: _____
Paid in Full: ____ Payment Plan: _____

How did you hear about us? _____

Student First _____ Last _____ Gender: M F

Street Address _____

City _____ State _____ Zip _____ Cell # _____

Birth Date _____ **Age Now** _____ **School** _____ **Grade** _____

ETHNICITY Anglo Hispanic Native American African American Other: _____

Email _____

BILLING NAME First _____ Last _____

Parent #1 Street Address _____

City _____ State _____ Zip _____

Cell # _____ Home # _____

Email _____

Parent #2 First _____ Last _____

Street Address _____

City _____ State _____ Zip _____

Home # _____ Cell# _____

Email _____

STUDENT LIVES WITH **PARENT ONE** **PARENT TWO** **BOTH**

Emergency Contacts (Please provide at least two)

First _____ Last _____ Relation _____ Phone _____

First _____ Last _____ Relation _____ Phone _____

Employer (Optional) _____ **Work Phone** _____

REQUIRED: Specify in detail any special needs, allergies or medical conditions (including behavioral or learning-related) that NDI needs to be aware of: _____

Medications: _____

NDI will do its best to provide accommodation if the required information is provided here.