



**FOR REGISTRAR USE ONLY**

DATE OF ENROLLMENT:  
 SCHOOL ATTENDING:  
 START DATE:  
 MARSS#:

**Section 1: Student/Contact Information** PLEASE PRINT STUDENT'S LEGAL NAME

(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_

GRADE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: Male \_\_\_\_\_ Female \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (City) (State) (County)

Home Address: \_\_\_\_\_  
 Street Address - (DO NOT LIST PO BOX ) City State Zip County

Mailing Address: \_\_\_\_\_  
 Street Address - (CAN LIST PO BOX) City State Zip

*If you live in transitional housing (motel, campsite, car or shelter) please tell the Registrar for additional information and resources available.*

Previous School	City	State	Zip	Last Date at attended

HAS THIS STUDENT EVER BEEN EXPELLED? Yes \_\_\_ No \_\_\_ If yes, which school district? \_\_\_\_\_

HAS TRUANCY EVER BEEN FILED ON THIS STUDENT? Yes \_\_\_ No \_\_\_ If yes, which school district \_\_\_\_\_

Name of Parent (If you are NOT the biological/step parent of the child, please see next section.)	Student Resides With (X)	Employer	Daytime Phone	Cell Phone
Mother:				
Step Mother:				
Father:				
Step Father:				
Second Parent Address: (If different than listed above)		City	State	Zip code

Circle your relationship to the student (Documentation will be required):

Legal Guardian

Foster Parent

Group Home

Guardian's Name (Last, First)	Physical/Mailing Address (if different than student's)	School Hours Phone Number	If applicable, county case manager, name/phone number/case number

**Section 2: Special Programs**

Does this student have a current Individual Education Plan (IEP) through Special Education? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate primary disability: \_\_\_\_\_

Does your student have a 504 Accommodation Plan (for such things as diabetes management, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate what for: \_\_\_\_\_

**Section 3: Emergency Contacts (Someone other than parent/guardian)**

Contact (Last, First Name)	Relationship	School Hours Phone #	Circle One:
			Home, Work or Cell
			Home, Work or Cell

**Section 4: Additional Household Information**

LIST ALL CHILDREN IN HOUSEHOLD, NOT ENROLLED IN ISD. #31 UNDER THE AGE OF 5

LAST NAME	FIRST NAME	MIDDLE NAME	GENDER M/F	BIRTHDATE	HANDICAPPED (Y/N)

**Section 5: Certification/Signatures**

Parent/Guardian ACTIVE in the Military: Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby certify that all the information contained in this form is true and accurate to the best of my knowledge.

Printed Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_ @ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Items Scanned and collected:**

- \_\_\_\_ Photo ID
- \_\_\_\_ Birth Certificate
- \_\_\_\_ Immunization Record
- \_\_\_\_ ELL/ESL Form
- \_\_\_\_ Custody/Divorce Docs

**For Office Use Only:**

- \_\_\_\_ F/R Lunch Form
- \_\_\_\_ Proof of Residence (type provided) \_\_\_\_\_
- \_\_\_\_ Title 7/JOM Eligibility Form for Native American
- \_\_\_\_ Records Requested (Date requested \_\_\_\_\_)