

HEMPHILL I.S.D. Registration Form for School Year 2018-2019

Campus Name: **ELEMENTARY** **MIDDLE SCHOOL** **HIGH SCHOOL**

STUDENT INFORMATION

Local ID _____	Student Name _____	Grade Level _____	Orig Entry Dt _____	Track _____	SSN _____	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Pacific Islander
Gender _____	Date of Birth _____	Birth Place _____	Age as of Sept. 1, 2018 _____			<input type="checkbox"/> White	<input type="checkbox"/> Black
Address: _____						<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian
Mailing Address: _____						Student Home Phone: _____	
Student Email: _____						Student Cell Phone: _____	
						Will your child be using bus transportation to get to school? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PARENT INFORMATION

1. Guardian: _____	Relation: _____	2. Guardian: _____	Relation: _____
Address: _____		Address: _____	
City, St, Zip: _____		City, St, Zip: _____	
Employer: _____		Employer: _____	
Cell Ph: _____ Home Ph: _____ Bus Ph: _____		Cell Ph: _____ Home Ph: _____ Bus Ph: _____	
Other Ph: _____ Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other		Other Ph: _____ Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	
Receive Mailouts: <input type="checkbox"/> Yes <input type="checkbox"/> No Language Pref: <input type="checkbox"/> English <input type="checkbox"/> Spanish		Receive Mailouts: <input type="checkbox"/> Yes <input type="checkbox"/> No Language Pref: <input type="checkbox"/> English <input type="checkbox"/> Spanish	
Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Email: _____		Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Email: _____	
Svc Branch: _____ Rank: _____ Enrolling Person: _____		Svc Branch: _____ Rank: _____ Enrolling Person: _____	
Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License #: _____ State: _____		Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License #: _____ State: _____	
Vehicle Make: _____ Model: _____ Color: _____		Vehicle Make: _____ Model: _____ Color: _____	
Vehicle Plate #: _____ State: _____		Vehicle Plate #: _____ State: _____	

EMERGENCY CONTACT INFORMATION

1. Name: _____	Relation: _____	Cell Ph: _____	Home Ph: _____	Bus Ph: _____
Other Ph: _____ Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other		Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License #: _____ State: _____		
Vehicle Make: _____ Model: _____		Color: _____	Plate #: _____	State: _____
2. Name: _____	Relation: _____	Cell Ph: _____	Home Ph: _____	Bus Ph: _____
Other Ph: _____ Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other		Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License #: _____ State: _____		
Vehicle Make: _____ Model: _____		Color: _____	Plate #: _____	State: _____
Doctor: _____ Bus Ph: _____		Dentist: _____ Bus Ph: _____		
Hospital: _____ Bus Ph: _____		Other Medical: _____ Bus Ph: _____		
List any Allergies: _____				

SIBLING INFORMATION

Brothers/Sisters	Grade	School	Brothers/Sisters	Grade	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law and may subject you to tuition cost for your child. I certify that the information given above is correct. I authorize the school to contact the person named on this form and the above named physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

Parent or Guardian Signature _____ Date of Birth _____ Date _____

(For Office Use Only)

Teacher Name: _____	Control Nbr: _____	Eligibility Code: _____
Birth Certificate on File: _____	Mil Conn: _____ Foster Care: _____	Immunization on File: _____ Title I: _____
Soc Sec Copy on File: _____	At Risk: _____ Migrant: _____	Hm Lng: _____
Gift: _____ LEP: _____ BIL: _____ ESL: _____	Par Per: _____ Econ: _____	Special Education: Prim: _____ Sec: _____ Tert: _____ Multi: _____