



Dallas Independent School District

***To be completed by Campus**
Date of Enrollment _____

STUDENT ENROLLMENT/REGISTRATION FORM

The completion of the information on the Student Enrollment Registration Form does not determine the parental relationship nor does it affect legal right of access to the student or the student's records. (Form should be completed by parent/guardian.)

| | | | | | |
|--|--|------------------------------------|---|--|---|
| SCHOOL | | TEA Code | | Student ID | |
| | | | | State ID | |
| Advisory Assignment | | Advisory Name | | Advisory Room | |
| Student's Legal Name (Last, First, Middle) | | Student's Date of Birth (mm,dd,yy) | | Student's Social Security Number (if available) | |
| Student's Place of Birth (City, State, Country) | | | If student's birthplace is outside U.S., date he/she entered U.S. | | |
| SEX <input type="checkbox"/> Male <input type="checkbox"/> Female | | ETHNICITY (Check one) | | <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native | |
| Grade Level | Special Programs (check all that apply) | | Has your child lived out of the U.S. for 2 or more consecutive years? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | <input type="checkbox"/> Special Education <input type="checkbox"/> Section 504 <input type="checkbox"/> Bilingual/ESL <input type="checkbox"/> Other | | If yes, indicate dates: From: _____ To: _____ When your child lived outside the U.S., did he/she attend school regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Previous School (School Name, City, State) | | | Reason for Leaving Previous School: | | |
| Name of Parent/Guardian with whom Student Lives | | DOB (mm,dd,yr) | Relationship to Student | | Foster Parent <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Student's Address (Street name, building and/or apt. #, City, State, ZIP) <input type="checkbox"/> Temporary Arrangement | | | | Residence Telephone Number | |
| Father's/Guardian Name and Address (if different from above) | | DOB (mm,dd,yr) | Place of Employment | Home Phone: _____ Work Phone: _____ Cell Phone: _____ | |
| Mother's/Guardian Name and Address (if different from above) | | DOB (mm,dd,yr) | Place of Employment | Home Phone: _____ Work Phone: _____ Cell Phone: _____ | |

HAVE YOU DONE ANY WORK INVOLVING TEMPORARY OR SEASONAL AGRICULTURAL OR FISHING ACTIVITIES IN THE PAST THREE YEARS? YES NO

OTHER PERSONS WHO MAY BE CONTACTED IN THE EVENT OF EMERGENCY:

| | | | | | |
|---|--|---|---------------|------------------|----------------------|
| *Person's Name and Relationship | | Release Authorized* Yes <input type="checkbox"/> No <input type="checkbox"/> | | Telephone Number | |
| *Person's Name and Relationship | | Release Authorized* Yes <input type="checkbox"/> No <input type="checkbox"/> | | Telephone Number | |
| Name of Sibling(s) Attending DISD School | | | Date of Birth | | Name(s) of School(s) |
| Name of Physician | | | Phone Number | | Preferred Hospital |
| Health Insurance: <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> Commercial <input type="checkbox"/> Uninsured <input type="checkbox"/> | | | | | |

(*Please list all guardianship or custody arrangements about which school administrators should be aware: Attach all copies of legal documents.)

*I authorize DALLAS INDEPENDENT SCHOOL DISTRICT to contact above named persons, and authorize the named physician to render treatment for the health of my child in an emergency. In the event parent/guardian or physician cannot be contacted, school officials are authorized to take whatever action is considered necessary for the health of my child. I will not hold the school district financially responsible for the emergency care and/or transportation for my child.

*Knowingly falsifying information on this document is a criminal offense punishable by law. (TX Penal Code §37.10). I certify that the information contained in this enrollment/registration form is true and correct.

Parent/Guardian Signature _____ Date: _____

TEC §25.002(f) requires that the name, address and date of birth of the person enrolling a student be provided to the school district.

*Student is permitted to be released into the custody of the individual listed in case of emergency.