

## Socorro Independent School District - School Year 2010-2011

Local ID SSN# Home Lang Test Y or N  Student Name Grade Registration Date  D.O.B Previous School Records Requested Enrollment Date	
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, A	
Nurse's Approval: Y Nurse's Signature:	
Texas Education Agency, Student Attendance Handbook  3.3.5 Immunization	
(37-40) Subject to the exceptions in Section 38.001(c), a student is required to be fully immunized against disease as required by the Texas Bo	ard
of Health. (Section 38.001(a), Texas Education Code.)	
<ul> <li>However, a student may be provisionally admitted if the student has begun the required immunizations and continues to receive the necessary immunizations as rapidly as medically feasible. (Section 38.001(e), Texas Education Code.)</li> </ul>	
<ul> <li>A homeless student may be admitted for 30 days pending initiation of vaccinations or receipt of vaccination documentation. 25 T.A.C</li> </ul>	,
§97.66(b).	
<ul> <li>A student who is a military dependent or any student transferring from another Texas school district may be enrolled for 30 days pend transfer of immunization records. 25 T.A.C. §97.69.</li> </ul>	ng
• Except as provided by Section 38.001(c) or rule of the Health and Human Services Commissioner, a student who is not fully immunize	:d
and has not begun the required immunizations may not attend school. For further information regarding immunization requirements, immunization exemptions, and immunization documentation, please contact the Department of State Health Services.	
In the absence of the school nurse, I understand that my child will be provisionally enrolled pending an immunization audit by the school nurse. my child's immunization records are not current, my child will be withdrawn until immunization records meet the requirements set forth by the	If
Texas Board of Health. (Section 38.001(a), Texas Education Code.)	
Descrit Company	
Parent Signature: Date: Date: I understand that my child may be enrolled for 30 calendar days pending current immunization records transferred from another Texas school di	trict.
Parent Signature: Date:	
Registration Packet Documentation Required by TEA Age Chart	
	DE
Parents Complete New Forms Annually YR AGE GRA	
Student Enrollment Form YN Birth Certificate: 4 PK	
Student Enrollment Form Y N Birth Certificate: 4 PK Photo Release Form Y N Social Security Card 5 KG	
Student Enrollment Form  Photo Release Form  Residence Check Form  Student Residency Questionnaire(Title 1)  Student Enrollment Form  Y N Birth Certificate:  4 PK  Social Security Card  5 KG  Immunization Record  6 1st  7 2nd	
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Student Enrollment Form  Photo Release Form  Residence Check Form  Student Residency Questionnaire(Title 1)  Consent for Medical Treatment Form (100-10310 Nurse)  Lunch Application (Food Service)  Student A coentable Mos Policy (AMP, Tools Pilot)  Pint Certificate:  4 PK  9 N Social Security Card  Form Immunization Record  9 N Proof of Residence  7 2nd  8 3rd  8 3rd  9 4th	
Student Enrollment Form $Y N Birth Certificate:$ $4 PK$ Photo Release Form $Y N Social Security Card$ $5 KG$ Residence Check Form $Y N Immunization Record$ $6 I^{st}$ Student Residency Questionnaire(Title 1) $Y N Proof of Residence$ $7 2^{nd}$ Consent for Medical Treatment Form (100-10310 Nurse) $Y N Report Card$ $8 3^{rd}$ Lunch Application (Food Service) $Y N Withdrawal Form$ $9 4^{th}$ Student Acceptable Use Policy (AUP—Tech Pilot) $Y N Parent ID Card If Applicable$ $10 5^{th}$ Student Code of Conduct $Y N Report Card$ $Y N $	
Student Enrollment Form  Photo Release Form  Residence Check Form  Student Residency Questionnaire(Title 1)  Consent for Medical Treatment Form (100-10310 Nurse)  Lunch Application (Food Service)  Student Acceptable Use Policy (AUP—Tech Pilot)  Student Code of Conduct  Parents Complete Forms Upon Initial Enrollment  Y N Social Security Card  Y N Immunization Record  6 1st  7 2nd  8 3rd  Y N Withdrawal Form  9 4th  9 4th  10 5th  11 6th  Notarrized Letter (if required)  12 7th	
Student Enrollment Form Photo Release Form Residence Check Form Student Residency Questionnaire(Title 1) Consent for Medical Treatment Form (100-10310 Nurse) Lunch Application (Food Service) Student Acceptable Use Policy (AUP—Tech Pilot) Student Code of Conduct  Parents Complete Forms Upon Initial Enrollment Home Language Survey Agricultural Survey (Migrant)  Photo Release Form Y N Social Security Card Y N Proof of Residence 7 2nd 6 1st 7 2nd 7 2nd 8 3rd 8 3rd 9 4th 9 4th 9 Mithdrawal Form 9 4th 9 Guardianship Affidavit 11 6th 12 7th 13 8th	
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