



Socorro Independent School District - School Year 2010-2011



Campus: _____

Local ID	SSN#	Home Lang	Test Y or N
Student Name		Grade	Registration Date
D.O.B	Previous School	Records Requested	Enrollment Date

Nurse's Approval: Y _____ N _____ 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 Board of Health. (Section 38.001(a), Texas Education Code.)

- 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.)
- A homeless student may be admitted for 30 days pending initiation of vaccinations or receipt of vaccination documentation. 25 T.A.C. §97.66(b).
- A student who is a military dependent or any student transferring from another Texas school district may be enrolled for 30 days pending transfer of immunization records. 25 T.A.C. §97.69.
- Except as provided by Section 38.001(c) or rule of the Health and Human Services Commissioner, a student who is not fully immunized 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. If my child's immunization records are not current, my child will be withdrawn until immunization records meet the requirements set forth by the Texas Board of Health. (Section 38.001(a), Texas Education Code.)

Parent Signature: _____ Date: _____

I understand that my child may be enrolled for 30 calendar days pending current immunization records transferred from another Texas school district.

Parent Signature: _____ Date: _____

Registration Packet	Documentation Required by TEA	Age Chart																																													
Parents Complete New Forms Annually _____ 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) _____ Academic Profile Sheet (Immigrant) Additional Forms (If Applicable) _____ PK – Pre-Kindergarten Eligibility Worksheet _____ Request for Records _____ Parent/Teacher Compact Form	Y ___ N ___ Birth Certificate: Y ___ N ___ Social Security Card Y ___ N ___ Immunization Record Y ___ N ___ Proof of Residence Y ___ N ___ Report Card Y ___ N ___ Withdrawal Form Y ___ N ___ Parent ID Card If Applicable Y ___ N ___ Guardianship Affidavit Y ___ N ___ Notarized Letter (if required) Y ___ N ___ Proof of Income (PK ONLY) Special Notes: _____ _____ _____	<table border="1"> <thead> <tr> <th>YR</th> <th>AGE</th> <th>GRADE</th> </tr> </thead> <tbody> <tr><td> </td><td>4</td><td>PK</td></tr> <tr><td> </td><td>5</td><td>KG</td></tr> <tr><td> </td><td>6</td><td>1st</td></tr> <tr><td> </td><td>7</td><td>2nd</td></tr> <tr><td> </td><td>8</td><td>3rd</td></tr> <tr><td> </td><td>9</td><td>4th</td></tr> <tr><td> </td><td>10</td><td>5th</td></tr> <tr><td> </td><td>11</td><td>6th</td></tr> <tr><td> </td><td>12</td><td>7th</td></tr> <tr><td> </td><td>13</td><td>8th</td></tr> <tr><td> </td><td>14</td><td>9th</td></tr> <tr><td> </td><td>15</td><td>10th</td></tr> <tr><td> </td><td>16</td><td>11th</td></tr> <tr><td> </td><td>17</td><td>12th</td></tr> </tbody> </table>	YR	AGE	GRADE		4	PK		5	KG		6	1 st		7	2 nd		8	3 rd		9	4 th		10	5 th		11	6 th		12	7 th		13	8 th		14	9 th		15	10 th		16	11 th		17	12 th
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Office Use Only		
Elementary Schools Grade: _____ Teacher: _____ Room#: _____ Teacher# _____ Course#: _____	Secondary Schools Grade: _____ Electives: 1. _____ 2. _____ 3. _____ 4. _____	Special Programs for Scheduling Bilingual/ESL <input type="checkbox"/> Monolingual <input type="checkbox"/> Special Ed <input type="checkbox"/> 504 <input type="checkbox"/> Dyslexia <input type="checkbox"/> GT <input type="checkbox"/>