

EAST CENTRAL INDEPENDENT SCHOOL DISTRICT
Student Enrollment Card/Residency Questionnaire 2015-2016
PLEASE PRINT ALL INFORMATION

STUDENT'S LEGAL NAME AS IT APPEARS ON BIRTH CERTIFICATE:

_____ SOCIAL SECURITY #: _____
 Last First Middle Suffix

ADDRESS: _____ PRIMARY PHONE # (REQUIRED): _____
 P.O. Box/Route # (if applicable) Street # Street Name Apt. # District Voicemail Contact #

CITY: _____ ZIP CODE: _____ SECONDARY PHONE # (REQUIRED): _____
 May Be Same As Home Number District Text Message Contact #

Is this address a temporary living arrangement? YES NO **If yes, is it due to a recent hardship?** YES NO

DATE OF BIRTH: _____ BIRTH CITY/STATE: _____ CURRENT GRADE: _____ AGE _____ SEX: M F

LAST SCHOOL ATTENDED: _____
 School City State Zip Code

HAS STUDENT ATTENDED East Central ISD BEFORE? YES NO WHERE? _____ WHEN? _____

1ST PARENT/GUARDIAN WITH WHOM STUDENT RESIDES: _____
 Last First Relationship

OCCUPATION: _____ EMPLOYER: _____ BUSINESS PHONE _____

2ND PARENT/GUARDIAN WITH WHOM STUDENT RESIDES: _____
 Last First Relationship

OCCUPATION: _____ EMPLOYER: _____ BUSINESS PHONE _____

E-MAIL PARENT 1: _____ E-MAIL PARENT 2: _____
 District E-mail Contact

PARENT/GUARDIAN IS FEDERALLY CONNECTED **IN THE MILITARY?** **IF SO, WHAT BRANCH?** _____

HAS LEGAL ACTION BEEN TAKEN TO RESTRAIN CHILD'S CONTACT WITH ANOTHER MEMBER OF THE FAMILY?
 YES NO IF SO, FROM WHOM? _____ (Documentation must be submitted)

NAME AND TELEPHONE NUMBER OF PERSON TO CALL FOR PICKUP IN CASE PARENTS CANNOT BE CONTACTED IN THE EVENT OF AN EMERGENCY. THESE ARE THE ONLY PEOPLE WHO WILL BE ALLOWED TO PICK UP YOUR CHILD AND THEY MUST PRESENT A PHOTO ID.

NAME _____ PHONE # _____ RELATIONSHIP _____

NAME _____ PHONE # _____ RELATIONSHIP _____

NAME _____ PHONE # _____ RELATIONSHIP _____

PERTINENT MEDICAL PROBLEMS: _____

HAS STUDENT EVER BEEN ENROLLED IN ANY OF THE FOLLOWING SPECIAL PROGRAMS? <input type="checkbox"/> Title 1 <input type="checkbox"/> Special Education <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> At Risk <input type="checkbox"/> Dyslexia <input type="checkbox"/> Speech Therapy <input type="checkbox"/> ELL/Bilingual/ESL <input type="checkbox"/> 504	Has Student ever been retained? Yes <input type="checkbox"/> If Yes which Grade _____ No <input type="checkbox"/>
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LIST OTHER CHILDREN LIVING AT HOME:
 NAME AGE SCHOOL (if attending)

FOR OFFICIAL USE ONLY:
 STUDENT ID# _____
 1ST DAY OF ATTENDANCE _____
 CONTROL # _____
 LUNCH: Free _____ Reduced _____
 BUS # _____ RUN# _____
 HOST _____ CUSTODIANSHIP _____

CERTIFICATION: Texas Education Code 21.031 (g) & (h)
 A person who knowingly falsifies information on a form required for a student's enrollment in the District shall be liable if the student is not eligible for enrollment. If an ineligible student is enrolled, the person enrolling the student is liable for the greater amount of the tuition fee or the amount the district had budgeted for each student as maintenance and operating expenses, whichever is greater.

I HEREBY GIVE MY PERMISSION TO SCHOOL PERSONNEL TO CARE FOR MY CHILD IN CASE OF EMERGENCY AND WHEN NECESSARY TRANSPORT HIM/HER IN THE EVENT I AM UNABLE TO ASSUME RESPONSIBILITY AT THAT TIME.

 SIGNATURE OF PARENT OR GUARDIAN ENROLLING STUDENT TXDL# or TXID# (attach copy) DATE
 (revised 3-14)