

# NEW STUDENT ENROLLMENT FORM

\*\*FORM MUST BE COMPLETED IN BLACK INK\*\*

PLEASE COMPLETE AND SIGN ON THE BACK

## 1ST FAMILY INFORMATION: (Parent/Guardian with whom the student resides.)

### STUDENT INFORMATION

Student's Legal Last Name	
Student's Legal First Name	
Student's Legal Middle Name	
Date of Birth	Place of Birth
Gender: Male ___ Female ___	Language Spoken by Student
Social Security Number	<b>Ethnicity</b> Hispanic/Latino ___ Yes ___ No  <b>Race</b> ___ American Indian/Alaska Native ___ Asian ___ Black or African American ___ Native Hawaiian or Pacific Islander ___ White
Attended SISD before? Yes No <b>If Yes, Name of Campus and grade levels:</b>  _____ _____ _____	
Student's Cell Phone #	
Text Messages? ___ Yes ___ No	

<b>1. PARENT/GUARDIAN FULL NAME</b>		Can SISD send text messages to this phone?
Relationship to Student	Primary Phone Number	<input type="checkbox"/> Yes <input type="checkbox"/> No
Place of employment	Work Phone	Yes No
	Cell Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		Apt #/POBox#
City/State/Zip		
Mailing Address (if different from above)		
___ RECEIVE REPORT CARDS	___ RECEIVE FORMS	___ MAY PICK UP CHILD
<b>2. PARENT/GUARDIAN NAME</b>		Can SISD send text messages to this phone?
Relationship to Student	Work Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Cell Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No
___ RECEIVE REPORT CARDS	___ RECEIVE FORMS	___ MAY PICK UP CHILD

### IDENTIFICATION INFORMATION OF PERSON REGISTERING CHILD

NAME:	DATE OF BIRTH:
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### FOR SCHOOL USE ONLY

CAMPUS	CHECK LIST
ENTRY DATE	___ Proof of Residence ___ Birth Certificate ___ Health Records ___ Social Sec Card ___ Out of District Transfer
WITHDRAWAL DATE	
GRADE LEVEL	
TEACHER	
LOCAL ID#	
SS# OR UID#	

## 2nd FAMILY INFORMATION: ( Parents or Guardians with different address)

<b>1. PARENT/GUARDIAN FULL NAME</b>		Can SISD send text messages to this phone?
Relationship to Student	Primary Phone Number	<input type="checkbox"/> Yes <input type="checkbox"/> No
Place of employment	Work Phone	Yes No
	Cell Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		Apt #/POBox#
City/State/Zip		
Mailing Address (if different from above)		
___ RECEIVE REPORT CARDS	___ RECEIVE FORMS	___ MAY PICK UP CHILD
<b>2. PARENT/GUARDIAN NAME</b>		Can SISD send text messages to this phone?
Relationship to Student	Work Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Cell Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No
___ RECEIVE REPORT CARDS	___ RECEIVE FORMS	___ MAY PICK UP CHILD

Is the student transferring from another school district? YES

NO

Student's Name \_\_\_\_\_

LAST SCHOOL ATTENDED _____	GRADE _____
DISTRICT _____	
SCHOOL ADDRESS _____	
CITY/STATE/ZIP _____	
DID YOUR CHILD RECEIVE SPECIAL EDUCATION SERVICES AT THE LAST SCHOOL ATTENDED? YES _____ NO _____	

**DIRECTORY INFORMATION NOTIFICATION**

Certain information about District students is considered directory information and will be released to anyone who follows procedures for requesting the information unless the parent or guardian objects to the release of the directory information about the student. If you do not want Birdville ISD to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing within ten (10) days of enrollment. Birdville ISD has designated the following information as directory information.

- |   |  |
|---|--|
| 1. Student's name   | 8. Grade of level                                  |
| 2. Address  | 9. Awards and honors received                      |
| 3. Telephone listing  | 10. Weight and height of members of athletic teams |
| 4. Date and place of birth  | 11. Electronic mail addresses                      |
| 5. Participation in officially recognized activities and sports teams | 12. Photograph                                     |
| 6. Name of previous school attended                                   | 13. Enrollment status                              |
| 7. Dates of attendance  |  |

**EMERGENCY CONTACT(S) and Student Release**

The persons listed below will be considered emergency contacts and persons to whom school personnel are authorized to release your child during the school day. Parents listed as Parent/Guardian 1 and Parent/Guardian 2 for either Family 1 or 2 need not be listed here.

NAME	DAYTIME PHONE	RELATIONSHIP TO STUDENT

**MEDICAL AUTHORIZATION**

I authorize the named physician or, in the absence of other person/parents/physician, the school officials to render such treatment as may be deemed necessary in an emergency, or the health of my child. (Must be completed and initialed for authorization.) \_\_\_\_\_

Initials

**FALSE INFORMATION**

A person who knowingly falsifies on a form required for a student's enrollment in Sinton Independent School District shall be liable to the district if the student is not eligible for enrollment, but is enrolled on the basis of false information. For the period during which the student is enrolled, the person is liable for the maximum tuition fee that the district has in effect at the time, or the amount that the district has budgeted per student as maintenance and operating expenses, whichever is greater. (Texas Education Code 25.001(h))

Having read and understood the above notice, I certify that I am the parent, guardian, or person having lawful control of the student named on this enrollment form. I further certify that we are residents of Sinton Independent School District or the parents of an open enrollment student at the above address and that this student, in my charge, meets all other qualifications for admission.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**OTHER SCHOOL AGE CHILDREN IN HOME**

NAME	AGE	GENDER	CAMPUS ENROLLED

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Allergies/Conditions \_\_\_\_\_

*SINTON INDEPENDENT SCHOOL DISTRICT*

**Home Language Survey**

**19TAC Chapter 89, Subchapter  
BB§89.1215**

**TO BE COMPLETED BY PARENT OR GUARDIAN (or student if grades 9-12):** The state of Texas requires that the following information be completed for each student that **enrolls for the first time** in Texas public school. This survey will be kept in each student's permanent record folder.

Name of Student: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Campus: \_\_\_\_\_ Grade: \_\_\_\_\_

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What language do you use the most to speak to your child?

English  Spanish  Other \_\_\_\_\_

What language does your child use the most at home?

English  Spanish  Other \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student if Grades 9-12

\_\_\_\_\_  
Date

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**Cuestionario del Idioma que se habla en el hogar**

**DEBE DE COMPLETARSE POR EL PADRE/MADRE/O REPRESENTANTE LEGAL: (O POR ELS ESTUDIANTE SI ESTA EN LOS GRADOS 9-12):** El estado de Texas require que la siguiente información se complete para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Este cuestionario se archivará en el expediente de estudiante.

Nombre del Estudiante: \_\_\_\_\_ ID: \_\_\_\_\_

Direccion: \_\_\_\_\_

Telephono: Trabajo \_\_\_\_\_ Casa \_\_\_\_\_ Celular \_\_\_\_\_

Escuelagra: \_\_\_\_\_ Grado: \_\_\_\_\_

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¿Qué idioma se habla en su hogar la mayoría del tiempo?

Inglés  Español  Ortro \_\_\_\_\_

¿Qué idioma habla su hijo/a (usted) la mayoría del tiempo?

Inglés  Español  Ortro \_\_\_\_\_

\_\_\_\_\_  
Firma del Padre/Madre/ o Representante Legal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Firma del estudiante si está en los grados 9-12

\_\_\_\_\_  
Date

**Texas Education Agency  
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

**Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)**

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

**Part 2. Race: What is the person's race? (Choose one or more)**

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_  
Student/Staff Name (please print)

\_\_\_\_\_  
(Parent/Guardian)/(Staff) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student/Staff Identification Number

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:

\_\_\_\_\_ Hispanic / Latino

\_\_\_\_\_ Not Hispanic/Latino

Race – choose one or more:

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White

\_\_\_\_\_  
Observer signature:

\_\_\_\_\_  
Campus and Date:

**Agencia de Educación de Texas**

**Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal de las Escuelas Públicas de Texas**

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).

**Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)**

- Hispano/Latino** – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.
- NoHispano/Latino**

**Parte 2. Raza. ¿Cuál es la raza de la persona? (Escoja uno o más de uno)**

- Indio Americano o Nativo de Alaska** – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo América Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.
  - Asiático** – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.
  - Negro o Africano-Americano** – Una persona con orígenes de cualquier grupo racial negro de África.
  - Nativo de Hawai u otras islas del pacífico** – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.
- Blanco** – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

Nombre del Estudiante/Miembro de Personal  
(por favor use letra de imprenta)

Firma (Padre/Representante legal)  
/(Miembro de personal)

Número de Identificación del  
Estudiante/Miembro del personal

Fecha

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:  
 Hispanic / Latino  
 Not Hispanic/Latino

Race – choose one or more:  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

Observer signature:

Campus and Date: