



**FOR REGISTRAR USE ONLY**

DATE OF ENROLLMENT:  
 SCHOOL ATTENDING:  
 START DATE:  
 MARSS#:

**Section 1: Student/Contact Information** PLEASE PRINT STUDENT'S LEGAL NAME

(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_

GRADE REGISTERING FOR: \_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: Male \_\_\_\_\_ Female \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (City) (State) (County)

Home Address: \_\_\_\_\_  
 Street Address - (DO NOT LIST PO BOX ) City State Zip County

Mailing Address: \_\_\_\_\_  
 Street Address - (CAN LIST PO BOX) City State Zip

1. Is your current address a temporary living arrangement? Yes  No   
 2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes  No

Previous School	City	State	Zip	Last Date at attended

Name of Parent (If you are NOT the biological/step parent of the child, please see next section.)	Student Resides With (X)	Employer	Daytime Phone	Cell Phone
Mother:				
Father:				
Step Mother:				
Step Father:				
Second Parent Address: (If different than listed above)		City	State	Zip code

If you are not the parent - circle your relationship to the student  
 (Documentation will be required)

Legal Guardian

Foster Parent

Group Home

Guardian's Name (Last, First)	Physical/Mailing Address (if different than student's)	School Hours Phone Number	If applicable, county case manager, name/phone number/case number

**Section 2: Special Programs**

Does this student have a current Individual Education Plan (IEP) through Special Education? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate primary disability: \_\_\_\_\_

Does your student have a 504 Accommodation Plan (for such things as diabetes management, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate what for: \_\_\_\_\_

Has this student ever been expelled? Yes  No  If yes, which school district? \_\_\_\_\_

Has truancy ever been filed on this student? Yes  No  If yes, which school district? \_\_\_\_\_

**Section 3: Emergency Contacts (Someone other than parent/guardian)**

Contact (Last, First Name)	Relationship	School Hours Phone #	Circle One:
			Home, Work or Cell
			Home, Work or Cell

**Section 4: Additional Household Information**

LIST ALL CHILDREN IN HOUSEHOLD, NOT ENROLLED IN ISD. #31 UNDER THE AGE OF 5

LAST NAME	FIRST NAME	MIDDLE NAME	GENDER M/F	BIRTHDATE	HANDICAPPED (Y/N)

**Section 5: Certification/Signatures**

Parent/Guardian ACTIVE in the Military: Yes \_\_\_\_\_ No \_\_\_\_\_

E-mail address: \_\_\_\_\_ @ \_\_\_\_\_

(We will send you an email confirmation and Skyward Login password)

I hereby certify that all the information contained in this form is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Items Scanned and collected:</b>	<b>For Office Use Only:</b>
____ Photo ID	____ F/R Lunch Form
____ Birth Certificate	____ Proof of Residence (type provided) _____
____ Immunization Record	____ Title 7/JOM Eligibility Form for Native American
____ ELL/ESL Form	____ Records Requested (Date requested _____)
____ Custody/Divorce Docs	