

**MANOR INDEPENDENT SCHOOL DISTRICT
STUDENT REGISTRATION FORM
SCHOOL YEAR 2007-2008**

"Office Use Only"	
Grade _____	Teacher _____
Date of Entry _____	Eligibility Code _____
Bus # _____	PK AM _____ PM _____

STUDENT NAME _____
Last
First
Middle

MAILING ADDRESS: _____

STREET ADDRESS: _____
Street Address
Apt. #
City
State
Zip Code
County

STUDENT'S SOCIAL SECURITY NUMBER _____

Country of Birth if not in the United States _____

SEX M F (*Circle One*)

ETHNIC CODE (*Circle One of the following*)

- 1 American Indian or Alaskan Native
- 2 Asian or Pacific Islander
- 3 Black, not Hispanic
- 4 Hispanic
- 5 White, not Hispanic

DATE OF BIRTH _____ Student Grade _____

HOME PHONE _____

LAST SCHOOL STUDENT ATTENDED _____ CITY _____ STATE _____

PARENT/GUARDIAN 1

Student resides at the address above with this Parent/Guardian

NAME _____
Last
First
Middle

PARENT/GUARDIAN DATE OF BIRTH: _____

RELATIONSHIP (*Circle one in each column*)

- | | |
|---------------|-----------|
| 1 Father | 1 Natural |
| 2 Mother | 2 Step |
| 3 Sister | 3 In-Law |
| 4 Brother | 4 Other |
| 5 Aunt | |
| 6 Uncle | |
| 7 Grandfather | |
| 8 Grandmother | |
| 9 Other | |

Most frequently spoken language in home? Eng__ Span__
 (Should MISD need to contact you)

HOME PHONE _____

CELL PHONE _____

BUSINESS PHONE _____

E-MAIL ADDRESS _____

If this student resides with someone **other** than mother/father, Guardianship papers must be presented at time of enrollment.

PARENT/GUARDIAN 2

NAME _____
Last
First
Middle

PARENT/GUARDIAN DATE OF BIRTH: _____

RELATIONSHIP (*Circle one in each column*)

- | | |
|---------------|-----------|
| 1 Father | 1 Natural |
| 2 Mother | 2 Step |
| 3 Sister | 3 In-Law |
| 4 Brother | 4 Other |
| 5 Aunt | |
| 6 Uncle | |
| 7 Grandfather | |
| 8 Grandmother | |
| 9 Other | |

HOME PHONE _____

CELL PHONE _____

BUSINESS PHONE _____

E-MAIL ADDRESS _____

STREET ADDRESS IF DIFFERENT FROM ABOVE:

All fields on this form (front and back) are required to be filled in for enrollment. Thank you!

Student Data

Parent/Guardian Data

Please continue on the other side.

All fields on this form (front and back) are required to be filled in for enrollment. Thank you!

Was student *expelled or suspended* at the time of *withdrawal from last school*? Yes _____ No _____
 Was student enrolled in an *Alternative Education Program*? Yes _____ No _____
 Was student enrolled previously in *Speech Therapy or Special Education*? Yes _____ No _____
 Was student enrolled previously in *Bilingual or ESL* program? Yes _____ No _____
 Was student enrolled previously in a *GT program*? Yes _____ No _____
 Was student ever *retained*? If yes, which grade(s) _____ Yes _____ No _____
 My child may be *photographed/ interviewed* by anyone approved by the school. Yes _____ No _____
 My child may participate in *school sponsored field trips*. Yes _____ No _____
 My child may be assigned an *adult mentor*. Yes _____ No _____
 I give permission to *publish my child's directory information*. Yes _____ No _____
 Do you have a school-age child residing in your home who is not attending school and has not graduated from High School? Yes _____ No _____

Information

My child's medical needs are currently served by: *(Please check all that apply)*.
 _____ Private Insurance _____ Medicaid _____ Clinic Card _____ CHIP _____ No Insurance
 Physician Name _____ Phone Number _____

Medical

I HERBY GRANT MY AUTHORIZATION AND CONSENT TO MEDICAL CARE, TREATMENT, PROCEDURE, TRANSPORTATION, OR PHYSICIAN CONSULTANT DEEMED NECESSARY IN ORDER TO INSURE SAFETY OF SAID CHILD. YES _____ NO _____

It may be necessary to contact you during the school day. If you cannot be reached, the school will call the person(s) you name below in sequential order, either to help locate you or to take custody of the student.

(Must list at least two, preferably relatives)

- 1) Name _____ Phone # _____ Relation _____
- 2) Name _____ Phone # _____ Relation _____
- 3) Name _____ Phone # _____ Relation _____
- 4) Name _____ Phone # _____ Relation _____

Emergency Contacts

Please provide the following information for all brothers, sisters, and any other children who live in the student's household.

NAME	AGE	GRADE	SCHOOL ATTENDING

Siblings

I certify that the above named child resides at the street address given for all substantial purposes at the time of enrollment. I understand that the record on my child will be made available to me if my request is made to the proper school authorities. I further understand that my signature below gives me permission as directed above and my assurance that all information that I provided is true and correct to the best of my knowledge.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Consent

Manor Independent School District is an equal opportunity employer and does not discriminate on the basis of race, religion, age, sex, national origin, or disability.