

BRAZOSPORT INDEPENDENT SCHOOL DISTRICT ENROLLMENT FORM



****Please fill in all information completely.**

SCHOOL YEAR _____

| | | | | | |
|---|--|--|--|---|--|
| Student ID _____ | | <u>Student's Legal Name</u> _____ | | Enrollment Date _____ | |
| Last _____ | | First _____ | | Middle _____ | |
| Generation (Jr. II, III etc) _____ | | | | | |
| <u>Birth Information</u> | | | | | |
| Birth Date (mm/dd/yyyy) _____ | | Place of Birth _____ | | <input type="checkbox"/> Male <input type="checkbox"/> Female Gender (check one) | |
| Age as of Sept. 1 _____ | | | | | |
| <u>Student's Physical Address</u> | | | | | |
| # _____ | | Street _____ | | Apt# _____ | |
| | | City _____ | | Home Phone _____ | |
| Mailing Address (if different from physical) _____ | | | | | |
| (Please indicate by checking the correct box) I want my address and phone number to remain private <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

| | | | | | |
|--|--|----------------|--|-------------------|--|
| Mother/Guardian (circle one) _____ Address: _____ | | | | | Please check the box if the student lives with you <input type="checkbox"/> |
| Hm Phone _____ | | Wk Phone _____ | | Cell Phone: _____ | |
| Email: _____ | | | | | |
| Father/Guardian (circle one) _____ Address: _____ | | | | | <input type="checkbox"/> |
| Hm Phone _____ | | Wk Phone _____ | | Cell Phone: _____ | |
| Email: _____ | | | | | |
| Step-Mother (if applicable) _____ | | | | | <input type="checkbox"/> |
| Hm Phone _____ | | Wk Phone _____ | | Cell Phone: _____ | |
| Email: _____ | | | | | |
| Step-Father (if applicable) _____ | | | | | <input type="checkbox"/> |
| Hm Phone _____ | | Wk Phone _____ | | Cell Phone: _____ | |
| Email: _____ | | | | | |

| | | |
|--|-------------------|-------------------|
| Name of last school attended: _____ | | |
| Name of School _____ | | City, State _____ |
| Current Grade Level: _____ (Unofficial copy of transcript is required if student is in grades 9 through 12) | | |
| Has student EVER attended school in Brazosport Independent School District (check one): <input type="checkbox"/> YES or <input type="checkbox"/> NO | | |
| If YES please list the following: _____ | | |
| School _____ | Grade Level _____ | Year _____ |

***** Please fill out front and back of this form as well as EVERY form in this packet *****

Please list below the names and ages of ALL children living in your household under the age of 18 years:

| Last Name/First Name | School Attending | Grade Level |
|----------------------|------------------|-------------|
| | | |
| | | |
| | | |

In the event the parents, or the persons named on this form cannot be contacted, I authorize officials of BISD to take whatever action is deemed necessary.

I will not hold BISD financially responsible for the emergency care and/or transportation.

If student needs transportation home, to doctor, to dentist, to day care/after school care, or to the home of a relative or friend, permission is granted to the following people (these people may also be listed as contacts):

| Name | Relation to Student | Home Phone | Cell Phone | Work Phone |
|------|---------------------|------------|------------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Items needed upon enrollment:

- ☐ Copy of Student's Birth Certificate
- ☐ Copy of Student's Social Security Card
- ☐ Copy of Driver's License of Person Enrolling Student
- ☐ Copy of Proof of Residence (Utility Bills, Lease, Etc.)
- ☐ Copy of Guardianship Papers (If applicable)
- ☐ Copy of Withdrawal from Previous School
- ☐ Immunization Record
- ☐ Proof of Income for Pre-K (current check stub)

Please indicate whether your child **EVER** received services in any of the following programs:

| Program | Yes or No | When (If applicable) |
|---------------------|-----------|----------------------|
| Special Education | | |
| 504 | | |
| Dyslexia | | |
| Bilingual/ESL | | |
| Migrant | | |
| Gifted and Talented | | |

Please answer the following to help us best place you.

| | Yes or No | When (If applicable) |
|---|-----------|----------------------|
| Was student assigned to an <u>alternative setting</u> at previous school? | | |
| Has student ever been <u>expelled</u> ? | | |
| Has student ever been <u>retained</u> ? | | |
| Does student have <u>disciplinary action pending</u> at previous school? | | |
| Does student have any <u>physical problems</u> that could limit physical education? | | |

If yes, please explain:

I affirm that the information is true and correct.

Signature of Parent/Guardian

Date