

## BRAZOSPORT INDEPENDENT SCHOOL DISTRICT ENROLLMENT FORM



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

SCHOOL YEAR \_\_\_\_\_

Student ID _____	<b><u>Student's Legal Name</u></b>	Enrollment Date _____
Last	First	Middle
Generation (Jr. II, III etc)		
<b><u>Birth Information</u></b>		
Birth Date (mm/dd/yyyy) _____	Place of Birth _____	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender (check one)
		Age as of Sept. 1 _____
<b><u>Student's Physical Address</u></b>		
#	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		
Please check the box if the student lives with you <input type="checkbox"/>		
<b>Mother/Guardian</b> (circle one) _____	Address: _____	
Hm Phone _____	Wk Phone _____	Cell Phone: _____
		Email: _____
<b>Father/Guardian</b> (circle one) _____	Address: _____	
Hm Phone _____	Wk Phone _____	Cell Phone: _____
		Email: _____
<b>Step-Mother</b> (if applicable) _____	Address: _____	
Hm Phone _____	Wk Phone _____	Cell Phone: _____
		Email: _____
<b>Step-Father</b> (if applicable) _____	Address: _____	
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 <b>EVER</b> attended school in Brazosport Independent School District (check one): <input type="checkbox"/> <b>YES</b> or <input type="checkbox"/> <b>NO</b>		
If <b>YES</b> please list the following: _____		
School	Grade Level	Year
<b>*** Please fill out front and back of this form as well as EVERY form in this packet ***</b>		

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