



**CENTRAL INDEPENDENT SCHOOL DISTRICT REGISTRATION
AGR INFORMATION**

Check One: Primary Elementary Jr. High High School Office use only – Entry Date _____

Student Last Name: _____ First: _____ Middle: _____

Student's Address: _____ City: _____ State: _____ Zip: _____
Mailing Address if different above: _____

Street/P.O. Box: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Male Female Grade : _____ Social Security # _____
mo day year

Check one American Indian Asian Black Hispanic White

Place of Birth: _____ Bus Number _____

Guardian / Parents living in this household:

1) **Mother** - Last Name: _____ First _____ M.I. _____
DOB: _____ SS# _____
Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

2) **Father** - Last Name: _____ First: _____ M.I. _____
DOB: _____ SS# _____
Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

3) **Guardian** – Last Name: _____ First: _____ M.I. _____
DOB: _____ SS# _____
Home Phone: () _____ Work Phone () _____ Cell Phone: () _____

Check One: Guardian Father Only Mother Only Both Parents Other

If Guardian please supply legal proof of guardianship.

Are there any court custody documents on this student Yes No

Emergency Contact Information: Please list the name of persons not listed above that have your permission to pick up this student when you can not be reached.

- Name: _____ Relationship to student: _____
Home Phone: () _____ Work Phone: () _____
- Name: _____ Relationship to student: _____
Home Phone: () _____ Work Phone: () _____

Special restrictions on who can pick the student up: _____

Please list other children living in this household (for confidential school district records only)

Name: Last	First	M.I.	Age	School	Grade

STUDENT INFORMATION SHEET

- 1. Has student withdrawn from previous school? Yes No
- Do you have student's transcript with you? Yes No
- Do you have student's health record with you? Yes No
- Is student on probation? Yes No
- Is student currently expelled or suspended? Yes No
- Is student currently charged with a felony? Yes No

Name of previous school: _____ Phone # _____
(The above information will be verified with the transferring school district.)

- 2. Does student & parent live in the Central Independent School District? Yes No
- Furnish directions to your residence: **(Proof of Residence required, ex. water, electric, phone, gas bill.)**

- 3. Has student ever been enrolled in Central ISD? Yes No

What grade/grades _____

- 4. Does student receive any special services?

- Resource classes Content Mastery Self-Contained
- E.S.L. Gifted & Talented or Honors 504
- Title I Other

- 5. Has student ever been retained? Yes No

What grade/grades _____

- 6. Has student ever been home schooled? Yes No

If yes, what grade/grades _____

- 7. Are there any medical problems that we should to be aware of?

Parent will inform school office in writing of any changes to this form.

Parent Signature