



# Allen ISD 2011-2012 Student Registration Form

## Student Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

25.0021. Use of Legal Surname: In each public school a student must be identified by the student's legal surname as that name appears: (1) on the student's birth certificate or other document suitable as proof of the student's identity; or (2) in a court order changing the student's name. Added by Acts 2001, 77th Leg., ch. 1300, § 1, eff. Sept. 1, 2001.

Birth Date: \_\_\_\_\_ Gender:  M  F Birthplace: \_\_\_\_\_ Grade: \_\_\_\_\_

SSN: \_\_\_\_\_

Please check one or more of the following:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Is student of Hispanic/Latino Ethnicity?  Yes  No

## Previous Educational Information

Last School Attended: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Have you attended an Allen ISD school in the past?  Yes  No Year: \_\_\_\_\_ School: \_\_\_\_\_

## Parent/Guardian Information

Mother  Father  Step-Parent  Guardian  Grandparent  Brother/Sister  Aunt/Uncle  Other

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  Cell  Home

Address: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_  Cell  Home

Employer: \_\_\_\_\_

Email: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

**Student resides with this adult?**  
 Yes  
 No

Mother  Father  Step-Parent  Guardian  Grandparent  Brother/Sister  Aunt/Uncle  Other

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  Cell  Home

Address: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_  Cell  Home

Employer: \_\_\_\_\_

Email: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

**Student resides with this adult?**  
 Yes  
 No

Mother  Father  Step-Parent  Guardian  Grandparent  Brother/Sister  Aunt/Uncle  Other

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  Cell  Home

Address: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_  Cell  Home

Employer: \_\_\_\_\_

Email: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

**Student resides with this adult?**  
 Yes  
 No

# Emergency Information

Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Please list below the names of local authorized persons to call if parents cannot be reached in an emergency. Students may be released from school to those listed below:

**1st Contact:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_  
 Cell  Home  Work  Cell  Home  Work

**2nd Contact:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_  
 Cell  Home  Work  Cell  Home  Work

**3rd Contact:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_  
 Cell  Home  Work  Cell  Home  Work

**4th Contact:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_  
 Cell  Home  Work  Cell  Home  Work

In the event my child becomes ill or injured at school and I cannot be reached, the Allen Independent School District is authorized to contact any of the people listed above or to take my child to the physician indicated or to a hospital or to call 911 for emergency care depending on the severity of the illness or injury.

**THE DISTRICT IS NOT FINANCIALLY RESPONSIBLE FOR EMERGENCY CARE AND/OR TRANSPORTATION.**

Please list siblings in Allen ISD:

Name	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Medical Information:**

Students that have health concerns or conditions for which the school should be aware of are required to contact the school nurse directly.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use:

Enrollment Date: \_\_\_\_\_ Other ID: \_\_\_\_\_