



Last Name		First Name		Middle	GEN
DOB	Gender	Grade	Student ID number	School #	
/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female				
Address			Apt#	City	Zip Code
					Phone #

Current school attending: _____

<table border="1"> <tr><th colspan="2">Ethnicity</th></tr> <tr><td colspan="2">Hispanic/Latino</td></tr> <tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr> </table>	Ethnicity		Hispanic/Latino		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<table border="1"> <tr><th colspan="2">Race Choose all that apply</th></tr> <tr><td><input type="checkbox"/> American Indian or Alaskan Native</td><td></td></tr> <tr><td><input type="checkbox"/> Hawaiian or Other Pacific Islander</td><td></td></tr> <tr><td><input type="checkbox"/> Black or African American</td><td></td></tr> <tr><td><input type="checkbox"/> White</td><td></td></tr> <tr><td><input type="checkbox"/> Asian</td><td></td></tr> </table>	Race Choose all that apply		<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Hawaiian or Other Pacific Islander		<input type="checkbox"/> Black or African American		<input type="checkbox"/> White		<input type="checkbox"/> Asian	
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Father/Guardian				Employer	
Address If Different From Above	City	State, Zip	Phone#	Cell/Alt #	
Mother/Guardian				Employer	
Address If Different From Above	City	State, Zip	Phone#	Cell/Alt #	

Name of Person Enrolling Student		Residential Address	
DOB	Relationship To Student	Signature of Enroller	
/ /			

LEGAL NOTICE: According to penal code 37.10, a person commits an offense if he knowingly makes a false entry in, or false alteration of a government record. This is a Class A misdemeanor. A person who knowingly falsifies information on this form is liable to the district if the student is not eligible for enrollment. The person is liable for the maximum tuition charged by the district for out of district students during the period in which the student is enrolled.

School Personnel Only:

Student PERM # In School Attendance Zone:

Transfer

Name of Gold Seal Program:

Please Initial	Entry	Withdraw	Room #	HR Teacher	Bus Route#	Bus Stop	YR of GRAD
All That Apply							