

APPLICATION FOR ENROLLMENT 2009-2010

Child's Full Name _____
Last First Middle

Home Address _____
Street City State/Zip

Date of birth _____ Age as of September 1: _____ Male _____ Female _____

Child's Social Security Number _____ - _____ - _____

| | | | |
|--------------------------------------|---------------|---------------|----------------|
| _____ PRE-SCHOOL (3 yrs.) | _____ GRADE 1 | _____ GRADE 5 | _____ GRADE 9 |
| _____ PRE-KINDERGARTEN (4 yrs.) | _____ GRADE 2 | _____ GRADE 6 | _____ GRADE 10 |
| _____ KINDERGARTEN (5 as of Sept. 1) | _____ GRADE 3 | _____ GRADE 7 | _____ GRADE 11 |
| | _____ GRADE 4 | _____ GRADE 8 | _____ GRADE 12 |

School attended last year: _____

Address: _____

Are you eligible to return to the school above? _____

Has your child ever been enrolled in a Special Education Class of any kind? _____ If yes, please specify:

FAMILY INFORMATION (Please notify the school immediately of any changes of address, home phone, work phone, or any other information necessary to contact you or insure the safety of your child.)

Father's full name _____ Mother's full name _____

Father's Social Security # _____ -- _____ -- _____ Mother's Social Security # _____ -- _____ -- _____

Father's DL # _____ Mother's DL # _____

Address _____ Address _____

Telephone _____ Cell _____ Telephone _____ Cell _____

Employer _____ Employer _____

Address _____ Address _____

Telephone _____ Telephone _____

Religious Preference _____ Religious Preference _____

Congregation _____ Congregation _____

Please list name and age of each child less than 18 years of age:

OTHER THAN PARENTS, WHOM TO NOTIFY IN CASE OF EMERGENCY:

Name: _____ Phone: _____

Name: _____ Phone: _____

ImmTrac

I authorize my child(ren)'s immunization records to be reported to ImmTrac Texas Immunization Registry.

Father's Signature _____ Mother's Signature _____ Date _____

