

MATAGORDA SCHOOL Registration Form for School Year 2021 - 2022

Campus Name: MATAGORDA SCHOOL

Campus Phone: (979) 863-7693

Campus Fax: (979) 863-2230

STUDENT INFORMATION

| | | | | | | | |
|----------|--------------|-------------|---------------|-------|-----|-----------------------------------|---|
| Local ID | Student Name | Grade Level | Orig Entry Dt | Track | SSN | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Pacific Islander |
| | | | | | | <input type="checkbox"/> White | <input type="checkbox"/> Black |
| | | | | | | <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian |

Gender: _____ Date of Birth: _____ Birth Place: _____ Age (Sept 1st): _____ Texas Unique ID: _____

Address: _____ Student Home Phone: _____

Mailing Address: _____ Student Cell Phone: _____

Student Email: _____ Will your child be using bus transportation to get to school? Yes No

PARENT INFORMATION

| | |
|---|---|
| 1. Guardian: _____ Relation: _____ | 2. Guardian: _____ Relation: _____ |
| Address: _____ | Address: _____ |
| City, St, Zip: _____ | City, St, Zip: _____ |
| Employer: _____ | Employer: _____ |
| Cell Ph: _____ Home Ph: _____ Bus Ph: _____ | Cell Ph: _____ Home Ph: _____ Bus Ph: _____ |
| Other Ph: _____ Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other | Other Ph: _____ Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other |
| Receive Mailouts: <input type="checkbox"/> Yes <input type="checkbox"/> No Language Pref: <input type="checkbox"/> English <input type="checkbox"/> Spanish | Receive Mailouts: <input type="checkbox"/> Yes <input type="checkbox"/> No Language Pref: <input type="checkbox"/> English <input type="checkbox"/> Spanish |
| Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Email: _____ | Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Email: _____ |
| Svc Branch: _____ Rank: _____ Enrolling Person: _____ | Svc Branch: _____ Rank: _____ Enrolling Person: _____ |
| Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License #: _____ State: _____ | Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License #: _____ State: _____ |
| Vehicle Make: _____ Model: _____ Color: _____ | Vehicle Make: _____ Model: _____ Color: _____ |
| Vehicle Plate #: _____ State: _____ | Vehicle Plate #: _____ State: _____ |

EMERGENCY CONTACT INFORMATION

| | |
|--|--|
| 1. Name: _____ Relation: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____ | Other Ph: _____ Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License #: _____ State: _____ |
| Vehicle Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____ | |
| 2. Name: _____ Relation: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____ | Other Ph: _____ Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License #: _____ State: _____ |
| Vehicle Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____ | |
| Doctor: _____ Bus Ph: _____ Dentist: _____ Bus Ph: _____ | |
| Hospital: _____ Bus Ph: _____ Other Medical: _____ Bus Ph: _____ | |

List any Allergies or Health Concerns: _____

SIBLING INFORMATION

| Brothers/Sisters | Grade | School | Brothers/Sisters | Grade | School |
|------------------|-------|--------|------------------|-------|--------|
| _____ | _____ | _____ | _____ | _____ | _____ |

BUS INFORMATION

| | | |
|------------------------|-------------------------|----------------------------|
| Eligible: _____ | Seat: _____ | Special Requirements _____ |
| Route: _____ | Run: _____ | Transportation: _____ |
| Pickup Stop: _____ | Dropoff Stop: _____ | Special Seating: _____ |
| Pickup Assigned: _____ | Dropoff Assigned: _____ | Wheelchair: _____ |
| Pickup Route: _____ | Dropoff Route: _____ | |

The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law and may subject you to tuition cost for your child. I certify that the information given above is correct. I authorize the school to contact the person named on this form and the above named physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

Parent or Guardian Signature _____ Date of Birth _____ Date _____

(For Office Use Only)

| | | |
|---|------------------------------------|--|
| Teacher Name: _____ | Control Nbr: _____ | Eligibility Code: _____ |
| Birth Certificate on File: _____ | Mil Conn: _____ Foster Care: _____ | Immunization on File: _____ Title I: _____ |
| Soc Sec Copy on File: _____ | At Risk: _____ Migrant: _____ | Hm Lng: _____ |
| Gift: _____ LEP: _____ BIL: _____ ESL: _____ Par Per: _____ | Econ: _____ | Special Education: Prim: _____ Sec: _____ Tert: _____ Multi: _____ |