

Photo ID Required for Student Release

OFFICE USE ONLY		Local ID: _____	
Original Entry Date _____ (MM/DD/YY)	Entry Code _____ (O/R/C)	Initialed by _____	Registrar
Withdrawal Date _____	Re-Entry Date _____	Re-Entry Code _____	

PLEASE PRINT

STUDENT NAME: _____ GRADE: _____
LAST FIRST MIDDLE

BIRTH DATE: _____ PLACE OF BIRTH: _____ SOCIAL SECURITY #: _____ SEX: M ___ F ___

STREET ADDRESS _____ CITY _____ TX _____ ZIP _____

MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS:

STEP 1: ETHNICITY: **CIRCLE ONLY ONE:**
(1) AMERICAN INDIAN OR ALASKAN NATIVE (2) ASIAN OR PACIFIC ISLANDER (3) BLACK, NOT OF HISPANIC ORIGIN (4) HISPANIC (5) WHITE, NOT OF HISPANIC ORIGIN

STEP 2: MUST CHOOSE ONLY ONE: **CIRCLE ONLY ONE:** HISPANIC/LATINO NOT HISPANIC/LATINO

STEP 3: CHOOSE ONE OR MORE REGARDLESS OF ETHNICITY:
(A) AMERICAN INDIAN/ALASKA NATIVE; (B) ASIAN; (C) BLACK/AFRICAN AMERICAN;
(D) NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER; (E) WHITE

HOUSEHOLD 1 (CUSTODIAL PARENT WITH WHICH STUDENT LIVES)			
PRIMARY CONTACT PHONE: _____			
PRIMARY CONTACT PARENT:		PARENT NAME:	
RELATIONSHIP TO STUDENT:		RELATIONSHIP TO STUDENT:	
CELL PHONE:		CELL PHONE:	
EMPLOYER:		EMPLOYER:	
WORK PHONE:		WORK PHONE:	
EMAIL ADDRESS:		EMAIL ADDRESS:	

HOUSEHOLD 2 (NON-CUSTODIAL PARENT, IF APPLICABLE) COPY OF DIVORCE DECREE: YES ___ NO ___			
PRIMARY PHONE: _____			
PARENT NAME:		PARENT NAME:	
RELATIONSHIP TO STUDENT:		RELATIONSHIP TO STUDENT:	
ADDRESS		CITY	ZIP
CELL PHONE:		CELL PHONE:	
EMPLOYER:		EMPLOYER:	
WORK PHONE:		WORK PHONE:	
EMAIL ADDRESS:		EMAIL ADDRESS:	

HAS STUDENT IMMIGRATED TO THE US WITHIN THE PAST THREE (3) YEARS? YES ___ NO ___
HAS STUDENT ATTENDED ANOTHER TEXAS PUBLIC SCHOOL? YES ___ NO ___ IF YES, WHAT YEAR? _____

Emergency Contact (Not Parent): _____	Relationship _____	Primary Phone (type) _____	Other Phone (type) _____
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PARENT/GUARDIAN SIGNATURE _____ DATE _____

CONTINUED 

NAME: _____
ID#: _____
HOMEROOM: _____

2009-2010

STUDENT NAME: _____ ID#: _____

LAST SCHOOL ATTENDED:		HAS STUDENT BEEN PREVIOUSLY ENROLLED IN LEWISVILLE ISD?
ADDRESS:		YES _____ NO _____
CITY, STATE ZIP:		IF YES, WHICH SCHOOL / YEAR?

SPECIAL PROGRAMS (CIRCLE THOSE APPLICABLE):

SPECIAL EDUCATION GIFTED/TALENTED ESL 504 OTHER: _____

NAME OF SCHOOL AGE BROTHERS & SISTERS	LEWISVILLE SCHOOL NAME	GRADE	AGE

OTHER ADULTS AUTHORIZED BY PARENT/GUARDIAN AS EMERGENCY CONTACTS OR TO PICK UP STUDENT:

NAME:	PHONE:	RELATIONSHIP:
NAME:	PHONE:	RELATIONSHIP:

THE SCHOOL WILL ASK FOR IDENTIFICATION BEFORE RELEASING YOUR CHILD TO ANY PERSON.

CIRCLE ANY GRADE YOUR STUDENT HAS REPEATED OR FAILED:

K 1 2 3 4 5 6 7 8 9 10 11 12

DID THE STUDENT WITHDRAW FROM HIS/HER LAST ATTENDED SCHOOL BEFORE COMPLETING ANY ASSIGNED DISCIPLINE CONSEQUENCES? YES _____ NO _____

IF YES, PLEASE EXPLAIN: _____

I GIVE THE SCHOOL PERMISSION TO SECURE SCHOOL RECORDS AND PROPER MEDICAL ATTENTION FOR MY CHILD IN CASE OF EMERGENCY. I CONFIRM, UNDER PENALTY OF THE LAW, THAT ALL INFORMATION PROVIDED FOR MY CHILD'S REGISTRATION IS TRUE AND CORRECT. PARENTS ARE RESPONSIBLE FOR NOTIFYING THE SCHOOL OF ANY ADDRESS, TELEPHONE AND EMAIL ADDRESS CHANGES.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

A PARENT OR PERSON ENROLLING A CHILD WHO PRESENTS FALSE DOCUMENTS OR FALSE RECORDS, COMMITS AN OFFENSE UNDER SECTION 37.10 OF THE PENAL CODE AND IS SUBJECT TO LIABILITY FOR TUITION OR COSTS UNDER TEA CODE 25.0001(H).