

(FOR OFFICE USE ONLY)

Birth Certificate _____
Proof of Residence _____
Immunizations _____
Soc. Security Card _____



BRUSHY CREEK ELEM Registration Form

(FOR OFFICE USE ONLY)

Student ID: _____
Grade: _____
Entry Date: _____
Teacher: _____

STUDENT INFORMATION (Please print all information)

Legal name of student: _____

Social Security # _____ Male Female Date of Birth _____ Home Phone _____

Check one: White (Non-Hispanic) Hispanic Black Asian American Indian

Street Address _____ Apartment # _____

City _____ Zip Code _____ Place of Birth _____
(City, State or Country if other than US)

Does the student live temporarily with friends, or relatives, or at a shelter due to economic hardship? Yes No

PARENT/GUARDIAN INFORMATION

Student lives with: _____

Household 1

Primary address - All mailings will be sent to this address

Household 2

Complete if different address for parent/guardian 1

Parent 1 and 2 _____

Parent 3 and 4 _____

Relationship to child _____

Relationship to child _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Home Phone _____

Home Phone _____

Parent 1 E-mail _____

Parent 3 E-mail _____

Parent 1 Work Phone _____ Ext. _____

Parent 3 Work Phone _____ Ext. _____

Parent 1 Cell Phone _____

Parent 3 Cell Phone _____

Parent 1 Pager _____

Parent 3 Pager _____

Parent 2 E-mail _____

Parent 4 E-mail _____

Parent 2 Work Phone _____ Ext. _____

Parent 4 Work Phone _____ Ext. _____

Parent 2 Cell Phone _____

Parent 4 Cell Phone _____

Parent 2 Pager _____

Parent 4 Pager _____

List all other children in the household: (if other space is needed, use a separate sheet)

Name _____ D.O.B. _____ Name _____ D.O.B. _____

Name _____ D.O.B. _____ Name _____ D.O.B. _____

Other Round Rock ISD schools attended: School _____ Dates Attended: _____ - _____ Grade Level _____

Last school attended prior to entering RRISD _____ Phone _____

Address _____ City _____ State _____

Has your child ever received special program services? ESL Special Education 504 TAG Other _____
Please specify

EMERGENCY CONTACTS

First person to contact if parents cannot be reached: _____ Phone # _____ Cell Pgr _____

Second person to contact if parents cannot be reached: _____ Phone # _____ Cell Pgr _____

To the best of my knowledge the above information is accurate.

Signature of Parent or Guardian

*Parent Guardian's Date of Birth

Date

*This information is required by Texas Senate Bill 1432, passed 05/27/2001, which states 'A school district shall record the name, address and date of birth of the person enrolling a child.'