

(FOR OFFICE USE ONLY)

Birth Certificate _____
Proof of Address _____
Immunization _____
Social Sec. Card _____



ROUND ROCK
INDEPENDENT SCHOOL DISTRICT
Registration Form

PATSY SOMMER ELEMENTARY

(FOR OFFICE USE ONLY)

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

STUDENT INFORMATION (Please Print all information)

Legal name of student _____
First Middle Last

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

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

Street Address _____ Apartment Number _____

City _____ Zip Code _____ Place of Birth _____

(City, State or Country if other than US)

Does the student live temporarily with friends, 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 than address for parent/guardian 1

Parents 1 and 2 _____

Parents 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/Pager _____

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

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

Signature of Parent or Guardian

Parent/Guardian's Date of Birth

Date