

ODEM-EDROY HIGH SCHOOL Registration Form for School Year 2017 - 2018

Campus Name: ODEM-EDROY HIGH SCHOOL

Campus Phone: (361) 368-3401

Campus Fax: (361) 368-3781

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____	

SIBLING INFORMATION

Brothers/Sisters	Grade	School	Brothers/Sisters	Grade	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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: _____