

# **REGISTRATION DOCUMENTS**

## **DOCUMENTOS DE REGISTRO**

DOCUMENTS PROVIDED BY PARENT--DOCUMENTOS PROPORCIONADOS POR LOS PADRES

- ☐ Proof of Residency (2 documents) *Prueba de residencia (2 documentos)*
  - Enrolling parent's name and address must match lease/deed.  
*El nombre y la dirección del padre que se inscribe deben coincidir con el contrato de arrendamiento / escritura.*
  - Lease agreement not to expire prior to Aug.2019.  
*El contrato de arrendamiento no debe ser expirado antes de agosto de 2019.*
  - Parent/guardian's name must be on lease/deed.  
*El nombre del padre/tutor debe estar en contrato de arrendamiento/escritura.*
  - Utility bill (electric, gas or water) name and address must match lease/deed.  
*El nombre y la dirección de la factura de servicios públicos (electricidad, gas o agua) deben coincidir con el contrato de arrendamiento/ escritura.*
- ☐ Proof of Guardianship/*Prueba de tutela.*
  - Parent/Guardian's name must be on the birth certificate/court order or determination of residence of a minor.  
*El nombre del padre/ tutor debe estar en el certificado de nacimiento/ orden judicial o la determinación de residencia de un menor.*
- ☐ Birth certificate/certificado de nacimiento
- ☐ Parent/Guardian Identification Card – Tarjeta de identificación del padre/tutor.  
License/ID/Passport/Matricula Consular- Licencia/tarjeta de identificación/pasaporte/Matricula Consular.
- ☐ Immunization records-Registro de vacunas
  - Must be current-debe de estar al día.
- ☐ Last Report Card (Transcript if available) *Ultimo reporte de calificación (Transcripción si lo tienen.*
  - Must indicate student was (PROMOTED TO\_GRADE LEVEL)- Debe indicar que el estudiante fue (promovido al siguiente año de grado)
- ☐ STAAR Scores –Resultado de STAAR
- ☐ Student's Social Security Card-*Tarjeta de Seguro Social*
- ☐ ALL FORMS COMPLETED AND SIGNED-TODOS LOS FORMULARIOS DEBEN SER COMPLETAMENTE Y FIRMADOS.

PLEASE MAKE COPIES OF ALL DOCUMENTS BROUGHT BY PARENT/GUARDIAN AND RETURN ORIGINALS; KEEP COPIES IN REGISTRTION FOLDER.

*POR FAVOR HAGAN COPIAS DE TODO LOS DOCUMENTOS ORIGINALES QUE LLEVEN LOS PADRES/TUTORES Y REGRESEN ORIGINALES. MANTENGA COPIAS EL LA CARPETA DE REGISTRO.*

## Houston Independent School District

### Enrollment Information

20 - 20

Homeroom Teacher:

Has student ever attended an HISD School? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last School/Daycare Attended		
HISD Student ID	Date of Enrollment	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade
Legal Student Last Name	First Name	Middle Name	Generation (Jr., III, etc.)	Student SS# / State Alt. #
Student Birthplace: City, State, Country		Year Started School in US	Student Lives with _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> Both Parents
Federal Student Ethnicity (Select One) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Student Race (Select all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White			
Student Address Street Number Street Name Apartment City State Zip County	Home Phone			
Student Cell Phone			Student e-mail Address	
Texas Education Code §25.002(f) requires the school district to record the name, address, and birth date of the person enrolling a child.				
Contact #1 Name (Last, First)	Relationship	Street Number Street Name Apartment City State Zip		
Employer	Occupation	Home Phone	Work Phone	Cell Phone
Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____	Translator Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	e-mail Address	
Contact #2 Name (Last, First)	Relationship	Street Number Street Name Apartment City State Zip		
Employer	Occupation	Home Phone	Work Phone	Cell Phone
Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____	Translator Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	e-mail Address	
Contact #3 Name (Last, First)	Relationship	Street Number Street Name Apartment City State Zip		
Employer	Occupation	Home Phone	Work Phone	Cell Phone
Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____	Translator Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	e-mail Address	
<input type="checkbox"/> CHIP <input type="checkbox"/> Medicaid <input type="checkbox"/> HCHD <input type="checkbox"/> Private Insurance <input type="checkbox"/> None What type of medical insurance do you carry for this child?			Family Physician	Physician Phone
List the names of all brothers and sisters under 18 years of age. (If additional room is needed, write on reverse side.)				
Last, First, and Middle Names	Gender	Birthdate	Grade	Address of This Child
Signature below certifies that all the information above is true and accurate.				
Enrollment of the child under false documents subjects the person to liability for tuition or costs under Texas Education Code §25.001(h).				
Signature of Contact 1/Legal Guardian		TX Driver's License Number		Date of Birth (Contact 1/Legal Guardian)
Signature of Contact 2/Legal Guardian		TX Driver's License Number		Date of Birth (Contact 2/Legal Guardian)
Total Monthly Family Income:		Total Number In Household:		

**School Enrollment History**  
 (Only for students enrolling in 2<sup>nd</sup> grade or above whose  
 Home Language Survey indicates a language other than English)

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade Level: \_\_\_\_\_

School: \_\_\_\_\_

Date of Enrollment in U.S. schools: \_\_\_\_\_

Has student ever attended school outside the U.S.?

☐ No

☐ If "no" then stop. No need to continue filling out this form.

☐ Yes

☐ If "yes" please provide student's academic history below.

School Enrollment History					
School Year	Grade	Country/ U.S. State	Total Time Enrolled	If student did not attend school for a full academic year, specify months attended	For Office Use Document TELPAS Reading rating if available/Yrs in U.S. Schools
	Kinder		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	1 <sup>st</sup>		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	2 <sup>nd</sup>		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	3 <sup>rd</sup>		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	4 <sup>th</sup>		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	5 <sup>th</sup>		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	6 <sup>th</sup>		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	7 <sup>th</sup>		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	8 <sup>th</sup>		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	9 <sup>th</sup>		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	10 <sup>th</sup>		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	11 <sup>th</sup>		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		
	12 <sup>th</sup>		<input type="checkbox"/> All Year <input type="checkbox"/> No Schooling <input type="checkbox"/> Partial (Specify)		

Please use the back of this form if more space is needed.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Multilingual Programs Department

Compliance Division



## HOUSTON INDEPENDENT SCHOOL DISTRICT

### HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey applicable ONLY if administered for students enrolling in prekindergarten through grade 12)

**TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN PREKINDERGARTEN THROUGH GRADE 8 (OR BY STUDENT IN GRADES 9-12):** The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

To determine if your child would benefit from Bilingual or English as a Second Language program services, please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if Bilingual or English as a Second Language program services are appropriate and to inform instructional and program placement recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

For more information on the process that must be followed, please visit the following website: <https://projects.esc20.net/upload/page/0081/docs/JuneUpdates/EnglishLearnerIdentification-ReclassificationFlowchart.pdf>

**This survey shall be kept in each student's permanent record folder.**

NAME OF STUDENT: \_\_\_\_\_ STUDENT ID #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

CAMPUS: \_\_\_\_\_

**NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.**

1. What language is spoken in the child's home **most of the time**? \_\_\_\_\_

2. What language does the child speak **most of the time**? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student if Grades 9-12

\_\_\_\_\_  
Date

**NOTE:** If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if:

- 1) your child has not yet been assessed for English proficiency; and
- 2) your written correction request is made within two calendar weeks of your child's enrollment date.

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## STUDENT ASSISTANCE QUESTIONNAIRE (SAQ)

All information MUST be completed by parent, school personnel or community liaison.

School \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ HISD ID \_\_\_\_\_

Current Address \_\_\_\_\_ Grade \_\_\_\_\_ ☐ Male ☐ Female

Lives with: ☐ Both Parents, ☐ Mother, ☐ Father, ☐ Legal Guardian, ☐ Caretaker/Relative without legal guardianship, ☐ Other \_\_\_\_\_  
relation

Is the student currently in the conservatorship of the Department of Family & Protective Services (Foster Care)? ☐ Yes ☐ No

If Yes – name of DFPS Case Manager: \_\_\_\_\_ Contact information: \_\_\_\_\_

Was the student previously in the conservatorship of the Department of Family & Protective Services (Foster Care)? ☐ Yes ☐ No

**Please complete the Current Housing Situation AND Background Situation sections below to determine McKinney-Vento eligibility:**

### Part A: CURRENT HOUSING SITUATION – Check the student's current housing situation

#### I CURRENTLY LIVE:

☐ In my own home or apartment, in Section 8 housing, HUD Subsidized Housing or in military housing with parent(s), legal guardian(s), or caregiver(s) (if you checked this box, check one or both of the boxes below, if applicable).

☐ My home has no electricity ☐ My home has no running water

#### OR I CURRENTLY LIVE IN A TRANSITIONAL HOUSING SITUATION:

☐ Living in a shelter ☐ Living in a motel or hotel

☐ Living with more than one family in a house or apartment (Doubled-up) due to economic hardship

#### Unsheltered

☐ Moving from place to place ☐ Living in a structure not usually used for housing ☐ Living in a car, park, campsite, camper, or outside

**UNACCOMPANIED YOUTH -** ☐ Yes ☐ No (An unaccompanied youth is a student who is not in the physical custody of a parent or legal guardian. This would include students living with non-custodial relatives or friends without a parent or legal guardian.)

### Part B: BACKGROUND SITUATION (If a Transitional Housing Situation is checked above - please Check ANY below that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Catastrophic illness / medical expenses / disability | <input type="checkbox"/> Natural disaster / evacuation                            |
| <input type="checkbox"/> New to Town  | <input type="checkbox"/> Domestic Issue   |
| <input type="checkbox"/> Loss of Employment                                   | <input type="checkbox"/> Migrant work in fishing or agriculture                   |
| <input type="checkbox"/> Economic hardship/low earnings                       | <input type="checkbox"/> Awaiting placement in foster care / CPS custody          |
| <input type="checkbox"/> Evicted/kicked out                                   | <input type="checkbox"/> Parent(s) involved in military deployment                |
| <input type="checkbox"/> House fire or other destruction                      | <input type="checkbox"/> Parent Incarcerated/Recently released from incarceration |

### Part C: NEEDED SERVICES – based on availability (Check services needed and call 713-556-7237 to speak to an Outreach Worker)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Enrollment Assistance                          | <input type="checkbox"/> Transportation           | <input type="checkbox"/> Emergency Clothing, Uniforms  |
| <input type="checkbox"/> Free Lunch/Breakfast (Child Nutrition)         | <input type="checkbox"/> School Supplies          | <input type="checkbox"/> Personal Hygiene Items        |
| <input type="checkbox"/> Immunizations                                  | <input type="checkbox"/> Medicaid/CHIP Assistance | <input type="checkbox"/> Food Stamps (SNAP) Assistance |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Other _____              |  |

To the best of my knowledge this information is true and correct.

Name (PLEASE PRINT): \_\_\_\_\_ Signature \_\_\_\_\_ Phone #'s \_\_\_\_\_

**School Personnel:** This form is intended to address the McKinney-Vento Act U.S.C. 11435. If any "Transitional Housing Situation" is checked under "Current Housing Situation" AND the family has indicated one of the "Background Situations" (1) immediately add PEIMS Coding on the At-risk Chancery panel for At-risk reason code 12, (2) code all of the McKinney-Vento Panels on that screen (the start date should be the date the form was completed and also add the end date, and (3) Email forms to [HomelessEducation@houstonisd.org](mailto:HomelessEducation@houstonisd.org). If information is missing, please follow-up with the parent/guardian/school personnel who completed the form to make sure each section is completed, as needed.

# NOTICE

## FALSIFICATION OF INFORMATION

**WARNING:** Falsifying information is a violation of the law. Such a violation may result in prosecution under either/both the:

**TEXAS PENAL CODE:** Section 37.10 – Tampering with Government Records – Class A Misdemeanor – Any person adjudged guilty of a Class A Misdemeanor shall be punished:

- (1) A fine not to exceed \$2,000; or
- (2) Confinement in jail not to exceed one year; or
- (3) Both such fine and imprisonment.

**TEXAS EDUCATION CODE:** Section 25.001(h) – In addition to the penalty provided by Section 37.10, Penal Code, a person who knowingly falsifies information on a form required for enrollment of a student in a school district is liable to the district if the student is not eligible for enrollment, but is enrolled on the basis of the false information. The person is liable for the period during which the ineligible student is enrolled, for the greater of:

- (1) The maximum tuition fee the district may charge under Section 25.038 of this code; or
- (2) The amount the district has budgeted for each student as maintenance and operating expenses.

Falsification will result in immediate withdrawal of the student(s) and maintenance and operating expenses for the current year will be charged for each student on a per school day basis.

Records must be updated immediately if there is any change in the demographic information, i.e. change of address, phone number, etc. It is the sole responsibility of the parent/guardian to notify the school of such changes and provide the appropriate updated documentation (including, but no limited to updated driver's license as well as current lease, mortgage agreement or deed, and current gas/electric bill).

**I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

## General Information Survey 20\_\_-20\_\_

Stu Last Name: \_\_\_\_\_ Stu First Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Former School Attended: \_\_\_\_\_ City & State: \_\_\_\_\_

Please indicate YES or NO as to whether or not the student is presently or has in the past received any of the following services:

Has student ever attended an HISD school? If yes, which one? _____	<input type="checkbox"/> SI	<input type="checkbox"/> NO
Bilingual/ESL?	<input type="checkbox"/> SI	<input type="checkbox"/> NO
Special Education A.) Resource	<input type="checkbox"/> SI	<input type="checkbox"/> NO
B.) Speech	<input type="checkbox"/> SI	<input type="checkbox"/> NO
C.) Other: _____	<input type="checkbox"/> SI	<input type="checkbox"/> NO
Section 504 Services?	<input type="checkbox"/> SI	<input type="checkbox"/> NO
Gifted and talented?	<input type="checkbox"/> SI	<input type="checkbox"/> NO
Retained? If yes, what grade? _____	<input type="checkbox"/> SI	<input type="checkbox"/> NO
Does the Student have any special health problems? If yes, describe: _____ _____		
Other information that may be helpful. _____ _____		

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Texas Education Agency**  
**Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

**Part 1. Ethnicity:** Is the person Hispanic/Latino? *(Choose only one)*

- ☐ **Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **Not Hispanic/Latino**

**Part 2. Race:** What is the person's race? *(Choose one or more)*

- ☐ **American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- ☐ **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Black or African American** - A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ Student/Staff Name (please print)	_____ (Parent/Guardian)/(Staff) Signature
_____ Student/Staff Identification Number	_____ Date





## Student Travel History-Enrollment Questionnaire

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Have you or anyone in your family lived in or traveled to a country with widespread Ebola transmission?

☐ Yes ☐ No

2. Have you or anyone in your family had contact with an individual with confirmed Ebola Virus Disease within the previous 21 days?

☐ Yes ☐ No

\_\_\_\_\_  
Printed name of person completing form

\_\_\_\_\_  
Signature of person completing form

If YES is answered to any of these questions, please contact the school health clinic.

If NO is answered to all of these questions, proceed with enrollment process.



# HOUSTON INDEPENDENT SCHOOL DISTRICT

## HEALTH INVENTORY

SCHOOL MEYERLAND PVAMS

DATE \_\_\_\_\_

TEACHER \_\_\_\_\_

SCHOOL LAST ATTENDED \_\_\_\_\_

Please fill in this form and return to the teacher or nurse. The information given on this form will help the school staff to have a better understanding of your child's health needs:

Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Birth weight \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever been told by a doctor that your child had:

	Age First Identified	Under Doctor's Care?		Age First Identified	Under Doctor's Care?
Asthma			Bone/Joint Problem		
Allergies			Rheumatic Fever		
Blood Disorder			Surgery/Fractures		
Diabetes			T. B. Disease		
Epilepsy/Seizures			Hearing Loss		
Heart Disease			Vision Loss		
Kidney Disorder			Severe Menstrual Cramps		
Cancer			Eating Disorder		

Please check if you have observed any of the following in your child:

<input type="checkbox"/> Tires easily	<input type="checkbox"/> Earaches	<input type="checkbox"/> Wheezing, shortness of breath with exercise
<input type="checkbox"/> Frequent headaches	<input type="checkbox"/> Difficulty making friends	<input type="checkbox"/> Nail Biting
<input type="checkbox"/> Fainting	<input type="checkbox"/> Coughs frequently at night	<input type="checkbox"/> Restlessness

Has your child been seen by a doctor for any of the above? ☐ Yes ☐ No

Is your child on any kind of medication? ☐ Yes ☐ No

If so, what? \_\_\_\_\_

For what condition? \_\_\_\_\_

Further comment \_\_\_\_\_

What type of medical insurance do you carry for this child?

CHIP ☐ Medicaid ☐ HCHD ☐ Private Insurance ☐ None ☐

Please see the School Nurse (or School Principal) if your child has other needs or is:

- A pregnant or parenting teen  
and/or
- Has a severe life-threatening food allergy

Signature \_\_\_\_\_



## REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent:

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as how your child reacts when exposed to the food that is listed.

☐ No information to report.

Food	Nature of allergic reaction to food	Life-Threatening?

**TO REQUEST A SPECIAL DIET, MODIFICATION OF A MEAL PLAN OR PROVIDE OTHER INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD'S FOOD ALLERGY, YOU MUST CONTACT THE SCHOOL NURSE OR SCHOOL ADMINISTRATOR WHERE YOUR CHILD ATTENDS SCHOOL.**

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date form received by Campus: \_\_\_\_\_