



ADMISSION BLANK

40.0150

DATE: _____

Fill out admission blank in triplicate.
Original to school office • Copy to receiving teacher • Copy to school nurse

NAME: _____ I.D. No.: _____ GRADE: _____
Last First Middle

ADDRESS: _____ ZIP: _____ TELEPHONE: _____

PARENT'S NAME: _____ PARENT'S PHONE: _____

LAST SCHOOL ATTENDED: _____ CODE OF ENTRY: _____ NO. DAYS ATTENDED: _____

BIRTHDATE: _____ AGE: _____ ETHNICITY: _____ SEX: _____

PLACE OF BIRTH: _____ BIRTH CERTIFICATE: YES NO

PEIMS # (if known): _____

The following information is not required for admission (voluntary).

SS# _____

I 94 _____

Date of entry into USA _____

Number of years in USA _____

Number of years in public/private schools _____

VACCINES	Date (month, day, and year)			First Booster	Last Booster
	1st	2nd	3rd		
DIPHTHERIA* TETANUS (DPT or DT)					
POLIO*					
MEASLES (rubeola)* RUBELLA (3-day or German measles) MUMPS (MMR)					
HIB					
HEPATITIS B					
VARICELLA (chicken pox)				Date of chicken pox illness	
TB SKIN TEST RESULTS DATE RESULTS		DATE		PHYSICIAN OR CLINIC EXAM RESULTS	

*If the required doses have been received, but the last dose was before the time stated, an additional dose of polio, measles, diphtheria/tetanus is required.

HAVE YOU ATTENDED HOUSTON SCHOOLS BEFORE? YES NO

IF ANSWER IS YES: WHEN: _____ WHERE: _____

REPORT CARD: YES NO NAME OF TEACHER ASSIGNED: _____

Material No. 1069

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