



Hardin-Jefferson Independent School District

To be completed by Campus	
Date of Enrollment	_____
Campus	_____
Local ID#	_____

STUDENT ENROLLMENT/REGISTRATION FORM

Student's Legal Name (Last, First, Middle)		Student's Date of Birth (mm,dd,yy)		Student's Social Security Number	
Home Phone No.		Student's Place of Birth (City, State, Country)		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	
Student Cell No.					
Ethnicity (Check One) <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic		Race (Select all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black /African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hawaiian/Pacific Isl.		Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grade Level	Has student ever been placed in one or more of these programs: <input type="checkbox"/> Dyslexia <input type="checkbox"/> Speech <input type="checkbox"/> Title <input type="checkbox"/> 504 <input type="checkbox"/> Special Ed <input type="checkbox"/> ESL				
Previous School Attended (school name, city, state)			Reason for Leaving Previous School		
Name of Parent/Guardian (with whom student lives)			DOB (mm,dd,yy)	Relationship to Student	Foster Parent <input type="checkbox"/> Yes <input type="checkbox"/> No
Student's Physical Address (Street name, Apt. #, City, State, Zip)					
Student's Mailing Address (if different from above)					
McKinney-Vento Act: Your answers to this residency information help determine the services the student may be eligible to receive. Is your current address a temporary arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this temporary living arrangement due to loss of housing or economic hardship? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered Yes, please check where the student is presently living. <input type="checkbox"/> moving from place to place <input type="checkbox"/> with more than one family per house/apartment <input type="checkbox"/> a shelter <input type="checkbox"/> friends/family members (other than parent/guardian)					
Check box below for main contact number					
Father's/Guardian Name and Address		Place of Employment		Home Number <input type="checkbox"/>	
				Cell Number <input type="checkbox"/>	
				Work Number <input type="checkbox"/>	
Email Address:					
Mother's/Guardian Name and Address		Place of Employment		Home Number <input type="checkbox"/>	
				Cell Number <input type="checkbox"/>	
				Work Number <input type="checkbox"/>	
Email Address:					

OTHER PERSONS WHO MAY BE CONTACTED IN THE EVENT OF EMERGENCY OR MAY PICK UP STUDENT:

Person's Name and Relationship	Home Number	Cell Number	Work Number
Person's Name and Relationship	Home Number	Cell Number	Work Number
Person's Name and Relationship	Home Number	Cell Number	Work Number
Person's Name and Relationship	Home Number	Cell Number	Work Number

Name of Physician	Phone Number	Preferred Hospital
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Health Information: Please check if your child has any of the following conditions

Diabetes Seizures Heart Condition Asthma Allergies

List other chronic illness, medical condition, allergies or history of health problems:

STUDENT ENROLLMENT/REGISTRATION FORM

Acknowledgements

1. The Texas Open Records Act requires HJISD to release a student's address/phone number unless a parent requests it **NOT** be released by initialing here _____.
2. The No Child Left Behind Act of 2001 requires HJISD to release to military recruiters and institutions of higher education, upon request, the name, address, and telephone listing of your child, unless you direct HJISD **NOT** to release this information by initialing here _____.
3. I acknowledge and give permission for my student to participate in school-sponsored field trips. If your student is **NOT** to participate in school-sponsored field trips, please initial here _____.
4. I give permission for my student's work to be electronically displayed/produced by the district unless I specifically request **NOT** to display/produce the work by initialing here _____.
5. I give permission for my child's information and/or photograph to appear on the HJISD website, in the yearbook, in school newsletters, in event programs, or any other form of school-sponsored media unless I specifically request **NOT** to allow this by initialing here _____.
6. I acknowledge that I have reviewed a copy of the Hardin-Jefferson ISD Student Acceptable Use and Internet Safety Policy which governs student computer and Internet use. I understand that this document can be obtained in print at my student's campus or on the district's website. I further give permission for my student to participate in the use of HJISD's electronic communication and multi-media systems unless I specifically request that they **NOT** participate by initialing here _____.
7. I acknowledge that I have reviewed a copy of the Hardin-Jefferson ISD Student handbook containing the Student Code of Conduct. I understand that this document can be obtained in print at my student's campus or on the district's website. I understand that the handbook contains information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the code of conduct. I understand that the Student Code of Conduct governs all behavior at school, at school-sponsored and school-related activities, and during school-sponsored travel. I also understand the Student Code of Conduct governs some designated behaviors occurring within 300 feet of school property, some designated behaviors occurring off-campus, and for any school-related misconduct regardless of time or location. I understand that a referral for criminal prosecution is possible for certain violations of the law.
8. I authorize HJISD to contact named persons listed on page one of this form, and authorize the named physician to render treatment for the health of my child in an emergency. In the event parent/guardian or physician cannot be contacted, school officials are authorized to take whatever action is necessary for the health of my child. I will not hold the school district financially responsible for the emergency care and/or transportation of my child.
9. Medical information listed will be shared with whomever the district deems necessary for the health and safety of my child unless I specifically request it **NOT** be shared by initialing here _____.

I certify that all the information on this application is true and correct to the best of my knowledge, and understand that a person making a false statement in this document or any other document for the purpose of school enrollment commits a criminal offense under §37.10 of the Texas Penal Code and is subject to imprisonment or fine. Further, a person enrolling a child under false documents violates §25.001 of the Texas Education Code and is subject to liability for tuition or costs under Texas Law.

Signature of parent/guardian _____ Date _____

TEC§25.002(f) requires that the name, address and date of birth of the person enrolling a student be provided to the school district.