

**McGregor Independent School District
New Student Enrollment Form**

Also available online at http://www.mcgregor-isd.org/misdforms/enrollment_form

NEW STUDENT ENROLLMENT FORM

Please complete the New Student Online Enrollment form below to begin the enrollment process for your student. You must have an active email address in order to complete this online form. After completing the entire form, you must click the Submit button at the end. You will receive an email from the campus office of enrollment with additional information. To finish the enrollment process, you must submit the following documents to the campus office:

- *proof of residency (water or electric bill, copy of lease or letter from landlord)*
- *photo ID of parent/guardian (state ID or drivers license)*
- *certified copy of birth certificate (hospital copy is not acceptable)*
- *social security card*
- *immunization record*
- *Pre-K only: four weeks of paystubs for every working member in the household in order to verify whether or not your child qualifies for a bilingual classroom*

STUDENT INFORMATION

Student's Legal Name (*nombre legal del estudiante*): _____

First (*primer*): _____ Middle (*medio*): _____

Last (*apellido*): _____

Preferred Name (*nombre preferido*): _____

Student's Address (*direccion del estudiante*): _____

City (*ciudad*): _____ State (*estado*): _____

Zip (*codigo postal*): _____

Home Phone (*numero de telefono en casa*): _____

Birthdate (*fecha de nacimiento*): _____

Birthplace (*ciudad de nacimiento*): _____

Sex: Male Female

Race: _____

PREVIOUS SCHOOL

Previous School Attended (*nombre de escuela anterior*): _____

Last Grade Level Completed (*ultimo grado completado*): _____

Age as of September 1st (*edad desde 1 de Septiembre*): _____

MEDICAL INFORMATION

Your child's doctor (*el medico de su nino*): _____

Doctor Phone (*telefono*): _____

List any present medical conditions or allergies which should be known (*escriben algunas condiciones medicas o alergias de las cuales debemos saber*): _____

List any medication taken regularly (*enumere los medicamentos que toma con regularidad*): _____

FAMILY INFORMATION

Student lives with mother & father, mother, father, or guardian - choose one (*estudiante vive con made y padre, madre, padre, o guardian - selecciona uno*):

- Mother & Father Mother Father Guardian

If guardian, what relation (*si guardian que es familiar*): _____

Parent One:

Parent/Guardian Name (*nombre primer padre/guardian*): _____

Relation (*familiar*): _____

Address (*direccion*): _____

City (*ciudad*): _____ State (*estado*): _____

Zip (*codigo postal*): _____

Home Phone (*telefono en casa*): _____

Employment (*empleo*): _____

Work Phone (*telefono de empleo*): _____

Email Address (*direccion de correo electronico*): _____

Parent Two:

Parent/Guardian Name (*nombre primer padre/guardian*): _____

Relation (*familiar*): _____

Address (*direccion*): _____

City (*ciudad*): _____ State (*estado*): _____

Zip (*codigo postal*): _____

Home Phone (*telefono en casa*): _____

Employment (*empleo*): _____

Work Phone (*telefono de empleo*): _____

Email Address (*direccion de correo electronico*): _____

Siblings:

Other MISD students living in your household (*otros hijos/hijas que asisten escuelas en MISD*): Please list below.

Brother/Sister Name (<i>hermanos/hermanas</i>)	Grade (<i>nivel</i>)	School (<i>escuela</i>)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACT

List emergency contact other than parent or guardian (*ponga en lista dos personas que puedan recoger su hijo/hija en caso de emergencia*).

Emergency Contact (*primer person*): _____

Phone 1 (*telefono*): _____ Phone 2 (*telefono opcional*): _____

STUDENT TRANSPORTATION

Will your child be using bus transportation to get to school (*va a usar el autobus su hijo/hija para transportacion a la escuela*)?

Yes No

ENROLLMENT FORM AUTHORIZATION

Name of Person Enrolling Student: (Required by Sentate House Bill 1432)

Relationship to student: _____

Social Security #: _____

Signature of Person Enrolling Student: _____

By entering your name in the Signature box above, you agree your electronic signature is the legal equivalent of your manual signature on this form.

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 (Part 1 and 2) 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? (must choose only one answer)

Hispanic/Latino - a person a 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 Name (please print): _____

Signature of Parent/Guardian: _____

By entering your name in the Signature box above, you agree your electronic signature is the legal equivalent of your manual signature on this form.

REQUEST FOR RECORDS

Student Name: _____ Current Grade Level: _____

Birthdate: _____ Social Security #: _____

Was your child served in GT, Special Education, or Speech? Yes No

If you selected Yes, please list each category your child was served in (GT, Special Education, or Speech)

Name of School: _____

City: _____ County: _____ State: _____

School Phone: _____ School Fax: _____