

AUSTIN INDEPENDENT SCHOOL DISTRICT
STUDENT REGISTRATION AND DATA VERIFICATION FORM: 2004 - 2005

This form is available in Spanish. (Una traducción de esta forma al español esta disponible para quien la solicite.)

PARENTS: This is your child's registration form. Please complete all blank items in each section on BOTH SIDES, and please correct any pre-printed information by drawing a line through it and printing **in black ink** the correct information above it.

SCHOOL OFFICE COPY 2004-2005

<i>SCHOOL USE ONLY:</i>			
AISSD Student Number _____	SSN/State ID _____	Grade _____	Enter Date _____
Teacher Name _____	Teacher # _____	School # _____	School Use _____

STUDENT INFORMATION

Student's LEGAL Last Name _____ First _____ Middle _____ Generation _____

Student's Date of Birth (month / day / year) _____ SSN (if available) _____

Ethnicity: <input type="checkbox"/> Am. Ind./Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black (not of Hispanic Origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> White (not of Hispanic Origin)	Has the student ever attended a school in Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the student ever attended a school in AISD? <input type="checkbox"/> Yes <input type="checkbox"/> No Last school attended? _____ If the school is not in AISD, Street _____ City _____ State _____ Zip _____ Is this student the subject of a court or custody order? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy of the order to the school.
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PARENT/GUARDIAN INFORMATION

NOTE: STATE LAW (TEC Ch.25.002(f)) REQUIRES DATE OF BIRTH FOR PERSON ENROLLING STUDENT

Relationship _____	Date of Birth _____	Does the student reside at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name _____	First Name _____	Home Phone _____ Work Phone _____
Address _____	Apt.# _____ Zip _____	Cell Phone _____ Alt Phone _____

Relationship _____	Date of Birth _____	Does the student reside at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name _____	First Name _____	Home Phone _____ Work Phone _____
Address _____	Apt.# _____ Zip _____	Cell Phone _____ Alt Phone _____

MAILING ADDRESS for parent(s) / guardian(s) responsible for the student:

Address _____ Apt.# _____ City _____ State **TX** Zip _____

Person with Whom the Student Lives if not the Parent/Guardian: _____ If enrolling the student, Date of Birth _____

Last Name _____ First Name _____ Home Phone _____ Work Phone _____

Address _____ Apt.# _____ Zip _____ Cell Phone _____ Alt Phone _____

TRANSPORTATION AND EMERGENCY CONTACTS

Person Who May Transport Your Child _____	Home Phone _____	Alt Phone _____
Person Who May Transport Your Child _____	Home Phone _____	Alt Phone _____
Emergency Contact _____	Home Phone _____	Alt Phone _____
Emergency Contact _____	Home Phone _____	Alt Phone _____

After school, how does the student get home or to after-school care? _____

Student's Doctor/Clinic _____ Doctor/Clinic Phone _____

Special medical conditions/allergies/procedures of which the school should be aware: _____ : _____

NOTE: Please give a copy of your child's complete immunization record to the school nurse.

ALL OF THE ABOVE INFORMATION IS CORRECT. PARENT/GUARDIAN SIGNATURE _____ DATE _____



School: Detach here after form is completed.

HEALTH SERVICE OFFICE COPY 2004-2005

Student's LEGAL Last Name _____	First _____ Middle _____	Date of Birth _____	Grade _____	Teacher _____
Student's Address _____	Apt.# _____ Zip Code _____	Student ID Number _____		

Parent/Guardian	Relationship _____	Does the student reside at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name _____	First _____	Home Phone _____ Work Phone _____
Address _____	Apt.# _____ Zip _____	Cell Phone _____ Alt Phone _____

Parent/Guardian	Relationship _____	Does the student reside at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name _____	First _____	Home Phone _____ Work Phone _____
Address _____	Apt.# _____ Zip _____	Cell Phone _____ Alt Phone _____

Emergency Contact who may transport your child

Name _____ Home Phone _____ Alt Phone _____

Student's Doctor/Clinic _____ Phone _____

Special medical conditions/allergies/procedures of which the school should be aware:

CONDITIONS _____	PROCEDURES _____	Does the student have:
_____	_____	CHIP <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	Medicaid Number _____
_____	_____	No Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	Private Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	Need insurance info? <input type="checkbox"/> Yes <input type="checkbox"/> No

Medicines taken regularly at Home _____

Medicines taken regularly at School _____

Please read and sign the back: Student Health Services consent form.

ALL OF THE ABOVE INFORMATION IS CORRECT. PARENT/GUARDIAN SIGNATURE _____ DATE _____



AFTER COMPLETING THE FRONT SIDE, PLEASE TURN OVER

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SIBLINGS:

Brothers/Sisters in an AISD School this Year	Date of Birth (Mo./Day/Yr.)	School	Grade

FIELD STUDY TRIP: I hereby grant permission for my child, named on the reverse side of this form, to make any and all field study trips in, or out of, the limits of Austin Independent School District made by his/her grade or section under the auspices and sponsorship of the Austin Independent School District. I understand that some of these trips will include walking to points of interest near the school, while others will be by school bus or rented vans operated and insured as required by the laws of the State of Texas for public school transportation. I further understand that children will be informed in advance of any proposed trip so that they may inform their parents. I agree that we (parent and child) will abide by the school's and AISD's rules, and I agree to release and hold harmless the school, AISD, its employees and volunteers from and against any and all liability, loss, damages, claims or actions for bodily injury or property damage in accordance with current state and federal law, arising out of participation in these trips.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

ELECTRONIC COMMUNICATION SYSTEM: I hereby understand that students of the Austin Independent School District will be granted access to the District's electronic communications system which includes access to the Internet and Worldwide Web. This access is a privilege, not a right. The District may suspend or revoke a system user's access upon violation of District policy and/or administrative regulations regarding acceptable use or upon written parental request to the campus principal.

I have read the AISD electronic communications system policy and administrative regulation. These are provided at the time of registration as well as being available at each school. The information also may be found on the AISD website <http://www.austin.isd.tenet.edu>.

I further understand that the Austin Independent School District will not publish my child's individual photograph, video, and/or last name without my written permission.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT E-MAIL ADDRESS (OPTIONAL): The District would like to communicate with you via e-mail should you wish. Provision of an e-mail address is not required. The District will continue to communicate with you in its regular manner if you do not provide an address to assure continued provision of vital and important information.

My e-mail address is _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

DIRECTORY INFORMATION: The Austin Independent School District regularly receives requests for directory information on students enrolled in the district. Directory information includes, but is not limited to, information such as student name, address, telephone number, date and place of birth, photographs, participation in sports, grade level, dates of attendance, enrollment status and e-mail address.

_____ I GIVE _____ I DO NOT GIVE permission to release student directory information.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

I understand that the Texas Penal Code, Section 37.10, states that it is an offense to (1) make a false entry, or false alteration of a governmental record, (2) present a document with knowledge of its falsity, or (3) impair the verity or legality of the record. I further understand that the Texas Education Code, Section 25.001(h), states that it is an offense to knowingly provide false information on a form required for enrollment of a student. Offenses may result in legal actions including, but not limited to, fines and/or liability for payment of tuition.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

STUDENT HEALTH SERVICES: I understand that the Children's Hospital of Austin/AISD School Health Team ("Health Team") provides school health services in cooperation with AISD staff, as outlined in the attached summary, and give permission for the Health Team, or any AISD employee or staff under the guidance of the Health Team, to provide the described services to the Student as he/she may require while present in school. I understand that, if the Student has a serious injury or illness, I will be contacted and the physician/clinic shown on the reverse side of this card and/or Emergency Medical Services (EMS) may be contacted, if necessary. I understand and agree that neither Children's Hospital of Austin nor AISD nor their staff will be responsible for any cost involved if the Student needs emergency medical care. I understand and agree that, in order to provide a coordinated system of care, the Health Team may exchange health care information about the Student with the Student's physician or other healthcare providers, upon approval by me. I understand and agree that the Health Team may share the Student's health care information with AISD personnel, in accordance with AISD protocol, in order to provide appropriate attention to the Student's health needs.

PARENT/GUARDIAN SIGNATURE _____ DATE _____