

Campus: NEW BRAUNFELS HIGH SCHOOL

**Notice Regarding False Information**

New Braunfels ISD Date: \_\_\_\_\_

The person who conscientiously falsifies information on this application given by the District is forced to pay a maximum fine for the expenses that NBISD has spent for each student during the time that this student has been enrolled ineligibly. The decision is based on which ever fine is appropriate for each case.

Certification of Age, Grade, and Residence

Teacher: \_\_\_\_\_ (For Elementary use only)

**STUDENT LEGAL INFORMATION:**

Last: GORDON First: BARBARA Middle: ROSE Nickname: BARBARA

ID #: 000004 DOB: 08/22/2000 Sex: F Grade: 10 SSN or State ID: \*\*\*-\*\*-0000

Address: 1000 BATS BLVD City: NEW BRAUNFELS State: TX Zip: 78132

Mailing Address (if different from above): 1108 CAVES BLVD NEW BRAUNFELS TX 78132

Home Phone: 830-123-4567 Language Spoken at home:  English  Spanish  Other

Federal Connection:  Yes  No Civil Service:  Yes  No If Active Duty/Military, please provide rank \_\_\_\_\_

Previous Campus: SMALLVILLE City: \_\_\_\_\_ State: \_\_\_\_\_ Other: \_\_\_\_\_  
(Please specify)

Have you spent 2 or more years outside of the U.S.?  Yes  No If Yes, list date 1st attended school in USA: \_\_\_\_\_  
(Month & Year)

Programs student has previously participated in (please check all that apply):

Bilingual or ESL  Gifted and Talented  Special Education  Speech Therapy  Section 504  Other

**Parent/Guardian 1** Name: GORDON BRANDY  Lives with

Relationship to child:  Father  Grandfather  Step Father  Step Mother  Foster Parent  Guardian  Relative  
 Mother  Grandmother  Brother  Sister  Other: \_\_\_\_\_

Home Phone: 830-123-4567 Cell Phone: 830-123-4567

Work Place: CASCADE Work Phone: 830-123-4567

Email Address: BATMOM@MSN.COM Address (if different): \_\_\_\_\_

**Parent/Guardian 2** Name: GORDON KEITH  Lives with

Relationship to child:  Father  Grandfather  Step Father  Step Mother  Foster Parent  Guardian  Relative  
 Mother  Grandmother  Brother  Sister  Other: \_\_\_\_\_

Home Phone: 830-123-4567 Cell Phone: 830-123-4567

Work Place: GOTHAM DISPOSAL SYS Work Phone: 830-123-4567

Email Address: \_\_\_\_\_ Address (if different): \_\_\_\_\_

**SCHOOL AGE SIBLINGS:** (please list)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

**EMERGENCY NUMBERS** (Persons other than Parent/Guardian authorized to pick-up child in case of emergency):

1). Name: KEITH GORDON Phone: 830-123-4567 Relation: \_\_\_\_\_

2). Name: DICK GRAYSON Phone: 830-123-4567 Relation: \_\_\_\_\_

3). Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

**My child is covered by the following medical insurance plan:**

School Day  24 hour  Personal  None  Other

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

Entry Date: \_\_\_\_\_ W/D Date: \_\_\_\_\_ Entry Date #2: \_\_\_\_\_ W/D Date #2: \_\_\_\_\_ Entry Date #3: \_\_\_\_\_ W/D Date #3: \_\_\_\_\_

**ENROLLMENT FORM: 2015-2016 SCHOOL YEAR**

<b>Student's Full Name:</b> BANNER BRUCE BILL (Last) (First) (Full Middle)			<b>Grade</b> 04 15-16 School Yr.
Address: 100 HOMETOWN, LAKEWAY			Zip Code: 78734
Home Phone: 512-123-4567	Date of Birth: 12/16/2005	Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
		Student Cell Phone (Optional):	
Previous School Attended:		City:	State:

**Please answer both parts of the following questions (Part 1 - Student Ethnicity and Part 2 - Student Race).**  
**Student Ethnicity:**  Hispanic/Latino  Non-Hispanic/Latino **Student Race:**  American Indian/Alaskan Native  
 Asian  Black/African American  Native Hawaiian/ Other Pacific Islander  White

<b>Parent/Guardian 1 Name</b> BANNER, TIFFANY	<b>Parent/Guardian 2 Name</b> BANNER, LARRY
Place of Business GOLD'S GYM	Place of Business CHIROPRACTOR
Business Phone 512-123-4567	Business Phone 512-123-4567
Cell Phone 512-924-9855	Cell Phone 512-123-4567
Email Address TIFFANY.BANNER@GMAIL.COM	Email Address LARRY@YAHOO.COM
Does student live with this parent/guardian? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Does student live with this parent/guardian? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Parent/guardian active military <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/guardian active military <input type="checkbox"/> Yes <input type="checkbox"/> No

**In addition to parents, the following people may be contacted and may pick up this student from school:**

1. Name CLARK KENT	Phone 512-123-4567	Relation GRANDPARENT	PickUp <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Name JESSICA RABBIT	Phone 512-123-4567	Relation RELATIVE	PickUp <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Name PETER PARKER	Phone 512-123-4567	Relation UNCLE	PickUp <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Name OLIVE OYL	Phone 512-123-4567	Relation RELATIVE	PickUp <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Name TONY STARK	Phone 512-123-4567	Relation FRIEND	PickUp <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

In case of accident or illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the above named people or the physician indicated below and to follow his/her instructions. If it is impossible to contact these people, the school may make whatever arrangements seem necessary. If unable to name a physician or pay for medical services, hospital or welfare services may be authorized.

<b>Known Drug Allergies:</b>	
<b>Local Physician's Name:</b> STEVE ROGERS	
<b>Address:</b> <span style="float: right;"><b>Phone:</b> 512-123-4567</span>	
<b>Hospital Preference in Case of Emergency:</b>	
<b>Parent or Guardian Signature:</b> <span style="float: right;"><b>Date:</b></span>	
I grant permission for my child to participate in any and all field trips in or out of the limits of the Lake Travis Independent School District by his class or organization. Some of these trips will be walking to points of interest near the school, while others will be by motor bus operated and insured as required by the laws of the State of Texas for public school transportation. I further understand children will be informed in advance of any proposed trip so they may inform their parents.	
<b>Parent or Guardian Signature:</b> <span style="float: right;"><b>Date:</b></span>	

<b>Office Use Only:</b> STUDENT ID # 000002	TEACHER # 431-HULK, KRISTYN
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**FREDERICKSBURG ISD  
FREDERICKSBURG HIGH SCHOOL  
STUDENT REGISTRATION FORM  
2015-2016 SCHOOL YEAR**

**Official Use Only**

Local ID#: 000011  
 Next Year Grad 11  
 Teacher: \_\_\_\_\_  
 Bus # \_\_\_\_\_ Am  Pm   
 Date Entry: \_\_\_\_\_  
 Re-Entry Withdraw Re-Entry Withdraw

STUDENT NAME: PARKER PETER CHRISTOPHER  
 Last First Middle  
 Mailing Address: 707 SPIDER CREEK ST 216 FREDERICKSBURG TX 78624

Street Address: 707 SPIDER CREEK ST 216 FREDERICKSBURG 78624  
 Street Address Apt. # City State Zip Code

STUDENT'S SOCIAL SECURITY NUMBER: 000-00-0000 STUDENT'S EMAIL: \_\_\_\_\_

SEX: M  F  NEXT YEAR GRADE: 11

DATE OF BIRTH: 11/16/1998

PLACE OF BIRTH: WEBVILLE NC

HOME PHONE: 210-123-4567

PARENT/GUARDIAN 1 NAME: LANE LOIS 11/16/1998  
 Last First Middle Date of Birth

RELATIONSHIP (Check one in each column)

- |  |   |
|--|---|
| <input type="checkbox"/> Father            | <input checked="" type="checkbox"/> Natural |
| <input checked="" type="checkbox"/> Mother | <input type="checkbox"/> Step               |
| <input type="checkbox"/> Sister            | <input type="checkbox"/> In-Law             |
| <input type="checkbox"/> Brother           | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Aunt              | <input type="checkbox"/> Husband            |
| <input type="checkbox"/> Uncle             | <input type="checkbox"/> Wife               |
| <input type="checkbox"/> Grandfather       | <input type="checkbox"/> Foster             |
| <input type="checkbox"/> Grandmother       | <input type="checkbox"/> Deceased           |
| <input type="checkbox"/> Other             |   |

HOME PHONE: 210-123-4567  
 WORK PLACE: DAILY PLANET  
 WORK PHONE: 210-123-4567  
 CELL PHONE: 210-123-4567  
 E-MAIL ADDRESS: ONEPLANET@GMAIL.COM

ADDRESS IF DIFFERENT FROM ABOVE: \_\_\_\_\_

Does student live with Parent/Guardian 1? Yes  No  (Check one)

PARENT/GUARDIAN 2 NAME: STARK TONY 03/16/1976  
 Last First Middle Date of Birth

RELATIONSHIP (Check one in each column)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Father | <input checked="" type="checkbox"/> Natural |
| <input type="checkbox"/> Mother            | <input type="checkbox"/> Step               |
| <input type="checkbox"/> Sister            | <input type="checkbox"/> In-Law             |
| <input type="checkbox"/> Brother           | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Aunt              | <input type="checkbox"/> Husband            |
| <input type="checkbox"/> Uncle             | <input type="checkbox"/> Wife               |
| <input type="checkbox"/> Grandfather       | <input type="checkbox"/> Foster             |
| <input type="checkbox"/> Grandmother       | <input type="checkbox"/> Deceased           |
| <input type="checkbox"/> Other             |   |

HOME PHONE: 210-123-4567  
 WORK PLACE: TERMINIX  
 WORK PHONE: \_\_\_\_\_  
 CELL PHONE: 210-123-4567  
 E-MAIL ADDRESS: \_\_\_\_\_

ADDRESS IF DIFFERENT FROM ABOVE: \_\_\_\_\_

Does student live with Parent/Guardian 2? Yes  No  (Check one)

If student does not live with either of the above, complete the following information on the person with whom the student lives:

NAME: \_\_\_\_\_ HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ RELATION TO STUDENT \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ APT. # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Please check one:

\_\_\_ Student (Grade K-12) is currently in the conservatorship of the Department of Family and Protective Services.

\_\_\_ Pre-kindergarten student was previously or currently in the conservatorship of the Department of Family and Protective Services.

Last school student attended: SCHERTZ CIBOL City CIBOLO State TX

(Check one)

Was student expelled or suspended at the time of withdrawal from last school? Yes  No

Was student enrolled in an Alternative Education Program? Yes  No

Was student previously in Speech Therapy or Special Education? Yes  No

Was student enrolled previously in Bilingual or ESL program? Yes  No

Was student served in a dyslexia program? Yes  No

Listed below are emergency contact people other than parent/ legal guardian who have permission to pick up my child.

1). Name CLARK KENT Phone # 210-123-4567 Relation FRIEND

2). Name OLIVE OYL Phone # 210-123-4567 Relation GRANDPARENT

3). Name POPEYE EMATIE Phone # 210-123-4567 Relation GRANDPARENT

4). Name SELINA KYLE Phone # 210-123-4567 Relation COUSIN

5). Name KATHY KANE Phone # 210-123-4567 Relation SISTER

My child may participate in school-sponsored field trips. Yes  No

My child may be assigned an adult mentor. Yes  No

Do you have a school-age child residing in your home who is not attending school and has not graduated from High School? Yes  No

Please provide the following information for all brothers, sisters, and any other children who live in the student's household.

NAME	AGE	GRADE	SCHOOL ATTENDING

**I certify that the above named child resides at the street address given for all substantial purposes at the time of enrollment. I understand that the record on my child will be made available to me if my request is made to the proper school authorities. I further understand that my signature below gives my permission as directed above and my assurance that all information that I have provided is true and correct to the best of my knowledge.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PERSON ENROLLING STUDENT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ APT. # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_



Comal ISD Student Registration Form

2015-2016

Campus: CANYON HIGH SCHOOL

Student ID: 000003

For Office Use Only: Homeless Form Sent, Military Status, Advisory, Date Enrolled, Date Received, Previous Campus, In School Boundary Verified by, In District Transfer Verified by, Out of District Transfer Verified by, Next Yr. Grade, Bus # AM PM

This enrollment form is a legal document. The information you provide must be accurate and complete. Any personal information requested is solely for the safety and well being of your student. Please print clearly so we have accurate information. Thank you in advance for your kind cooperation.

STUDENT CONTACT INFORMATION

Student Name: CARTER LYNDA WONDER, Mailing Address: 1327 WONDER LN NEW BRAUNFELS TX 78130, Street Address: 1327 WONDER LN NEW BRAUNFELS 78130, Home Phone: 830-123-4567, Cell Phone, Work

REGISTRATION INFORMATION

Dwelling Type: House, Apartment, Mobile home, Unsheltered, Shelter, Motel/Hotel, Group House, Proof of Residency: Lease, Mortgage, Utility Bill, Other

Social Security Number: 000-00-0000, Sex: M, F, GRADE: 09, US Citizen? Yes, No, Proof of Age: Birth Certificate, Hospital Recor, Medical Car, Passport, Court Order, Other, Date of Birth: 03/23/2001, Place of Birth: SAN MARCOS TX

Race/Ethnicity Information: Section 71 FR 44866 of the United States Federal Register requires all school districts to gather this data. Ethnicity: Hispanic/Latino, Not Hispanic/Latino, Race: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian/Other Pacific Islander, White

(Complete the following ONLY if you are new to Comal ISD) Previous District, Previous Campus, Phone, Previous District Information: expelled or suspended at the time of withdrawal from last school?, served in Migrant program?, previously in Special Education?, retained? What grade?, enrolled in an Alternative Education Program?, previously in Bilingual or ESL program?, previously identified as Gifted and Talented?, served under Section 504?, previously in Speech Therapy?, served in a dyslexia program?

Continue to Page 2

**PARENT/ GUARDIAN INFORMATION**

**Custody: (Check person(s) with legal custody)**

- Both parents  
  Father Only  
  Father/Step Mother  
  Step Father  
  Grandfather  
  Foster Parent  
  Guardian  
  Relatives  
 Joint  
  Mother Only  
  Mother/Step Father  
  Step Mother  
  Grandmother  
  Brother  
  Sister  
  Other: \_\_\_\_\_

**Lives with: (Check person(s) student lives with)**

- Both parents  
  Father Only  
  Father/Step Mother  
  Step Father  
  Grandfather  
  Foster Parent  
  Guardian  
  Relatives  
 Joint  
  Mother Only  
  Mother/Step Father  
  Step Mother  
  Grandmother  
  Brother  
  Sister  
  Other: \_\_\_\_\_

**Parent/Guardian 1 Name:** CARTER JURGUEN

Last First Middle Date of Birth

**Relationship to child:**  Father  
 Grandfather  
 Step Father  
 Step Mother  
 Foster Parent  
 Guardian  
 Relative  
 Mother  
 Grandmother  
 Brother  
 Sister  
 Other: \_\_\_\_\_

**Preferred Spoken Language:**  
 English  
 Spanish  
 Other: \_\_\_\_\_

**Preferred Correspondence Language:**  
 English  
 Spanish  
 Other: \_\_\_\_\_

Home Phone: 830-123-4567      Cell Phone: 830-123-4567

Work Place: HOME DEPOT      Work Phone: 830-123-4567

Email Address: WONDERDEPO@YAHOO.COM      Address (if different): \_\_\_\_\_

Driver License: \_\_\_\_\_

Send a copy of correspondence (if not student's address)     Yes     No

**Parent/Guardian 2 Name:** CARTER JENNIFER

Last First Middle Date of Birth

**Relationship to child:**  Father  
 Grandfather  
 Step Father  
 Step Mother  
 Foster Parent  
 Guardian  
 Relative  
 Mother  
 Grandmother  
 Brother  
 Sister  
 Other: \_\_\_\_\_

**Preferred Spoken Language:**  
 English  
 Spanish  
 Other: \_\_\_\_\_

**Preferred Correspondence Language:**  
 English  
 Spanish  
 Other: \_\_\_\_\_

Home Phone: 830-123-4567      Cell Phone: 830-123-4567

Work Place: WALMART      Work Phone: 830-123-4567

Email Address: WONDER MOM@COMALISD.ORG      Address (if different): \_\_\_\_\_

Driver License: \_\_\_\_\_

Send a copy of correspondence (if not student's address)     Yes     No

**EMERGENCY CONTACTS: In an emergency, parent/guardian will be called first.**

Listed below are emergency contact people who have permission to pick up my child.

1). Name BARBARA GORDON      Phone: 210-123-4567      Cell: \_\_\_\_\_

2). Name BRUCE WAYNE      Phone: 830-123-4567      Cell: 210-123-4567

3). Name \_\_\_\_\_      Phone: \_\_\_\_\_      Cell: \_\_\_\_\_

**Military Status: (check all that apply)**

Is this child a dependant of a member of the US Armed Forces?     Yes     No

Is this child a dependant of a civilian employee of the Dept. of Defense employed on federal properties?     Yes     No

**Comal ISD Siblings Please list all brothers, sisters, half and step, CURRENTLY registered in a Comal ISD school.**

(Check all that apply)

Sibling name: \_\_\_\_\_ Relationship to student:     Brother     Sister     Half     Step  
 Age: \_\_\_\_\_ Current Comal ISD school: \_\_\_\_\_

(Check all that apply)

Sibling name: \_\_\_\_\_ Relationship to student:     Brother     Sister     Half     Step  
 Age: \_\_\_\_\_ Current Comal ISD school: \_\_\_\_\_

(Check all that apply)

Sibling name: \_\_\_\_\_ Relationship to student:     Brother     Sister     Half     Step  
 Age: \_\_\_\_\_ Current Comal ISD school: \_\_\_\_\_

Parent/Guardian Signature required on Page 3

## DISCLAIMER AND SIGNATURE

**By Subsection (f) Section 25.002, Education code, is amended and read as follows:**

“For a child to be enrolled in a public school, the child must be enrolled by the child’s parent or by the child’s guardian or other person with legal control of the child under court order.” A school district shall record the name, address, and date of birth of the person enrolling a child. (PEA)

Name of Person Enrolling Child: \_\_\_\_\_

Date of Birth of Person Enrolling Child: \_\_\_\_\_

Address of Person Enrolling Child: \_\_\_\_\_

By signing below, I attest the information provided on all pages of this form is accurate and complete. Presenting a false record or falsifying records is an offense under Section 37.10 Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002. (3)(4)

Date: 8/3/2015 9:41:36 AM      Signature: www123

*COMAL ISD IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, AGE, SEX, NATIONAL ORIGIN, OR DISABILITY.*

**Forma de inscripción estudiantil del distrito escolar de Comal**

2015-2016

 Escuela CANYON HIGH SCHOOL

 Numero de identificación escolar: 000003
**Para el uso de la oficina solamente**

Homeless Form Sent     Immigrant Form Sent     Military Status    Advisory: \_\_\_\_\_  
 Date Enrolled: \_\_\_\_/\_\_\_\_/\_\_\_\_     In School Boundary Verified by: \_\_\_\_\_    Next Yr. Grade: \_\_\_\_  
 Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_     In District Transfer Verified by: \_\_\_\_\_    Bus # \_\_\_\_\_ AM PM  
 Previous Campus: \_\_\_\_\_     Out of District Transfer Verified by: \_\_\_\_\_    Bus # \_\_\_\_\_ AM PM

*\*These situations do not require proof of residency, immunizations, or TB testing, school records or legal guardianship.*

Esta forma de inscripción es un documento legal. La información que usted proporciona debe ser correcta y completa. La información personal pedida es solamente para la seguridad y el bienestar de su niño. Por favor, escriba en letra de molde claramente para tener información precisa. Gracias de ante mano por su

**INFORMACION DEL ESTUDIANTE**

<b>Nombre del estudiante:</b>	<u>CARTER</u>	<u>LYNDA</u>	<u>WONDER</u>
	Apellido	Primer	Segundo
<b>Domicilio postal:</b>	<u>1327 WONDER LN</u>	<u>NEW BRAUNFELS</u>	<u>TX 78130</u>
	Numero y calle	Apt. # Ciudad	Estado Código Postal
<b>Domicilio actual:</b>	<u>1327 WONDER LN</u>	<u>NEW BRAUNFELS</u>	<u>78130</u>
	Numero y calle	Apt. # Ciudad	Estado Código Postal
<b>*Teléfono de casa:</b>	<u>830-123-4567</u>	<b> Celular:</b> _____	<b> Trabajo:</b> _____

\* (Este número es utilizado para enviar noticias e información automatizada de emergencia.)

**INFORMACIÓN para el REGISTRO**

**Tipo de vivienda:**  Casa     Apartamento     Casa Móvil     Sin Casa\*     Casa temporal\*     Motel/Hotel\*  
 Casa de grupo\* (\*mire la nota anterior)

**Prueba de residencia** (Favor de marcar las dos pruebas de residencia que va a proveer al distrito)  
 Renta     Hipoteca     Recibo de luz, agua, y/o teléfono     Otra: \_\_\_\_\_

**Numero social:** 000-00-0000    **Sexo**  Masculino     Femenino    **GRADO:** 09    **Ciudadano de EEUU?**  Sí     N  
**Prueba de edad:**  Acta de nacimiento     Registro del hospital     Tarjeta médicas     Pasaporte     Orden judicial     Otra: \_\_\_\_\_  
**Fecha de nacimiento:** 03/23/2001    **Donde nació el niño:** SAN MARCOS TX

**Información étnica/racial:** *La sección 71 FR 44866 del Registro Federal de Estados Unidos requiere que todos los distritos escolares recojan estos datos. Si las siguientes preguntas se dejan en blanco el personal escolar está obligado a contestar las siguientes preguntas por usted.*

**Grupo étnica:** ¿Es esta persona hispano o Latino?     Hispanic/Latino     No es Hispano/Latino  
**Raza:** ¿Cual es la raza de esta persona? (Marque una o mas)     Indio norteamericano o nativo de Alaska     Asiático     Negro o Africano Americano  
 Nativo de Hawái / Otras Islas del Pacífico     Blanco

**(Complete lo siguiente SÓLAMENTE si usted es nuevo al distrito de Comal**

**Distrito anterior:** \_\_\_\_\_    **Escuela anterior:** \_\_\_\_\_    **Teléfono** \_\_\_\_\_

**Información del distrito anterior** (favor de marcar toda los que apliquen)

Ha sido el estudiante:	Ha sido el estudiante:
<input type="checkbox"/> expulsado o suspendido al salir de la ultima escuela?	<input type="checkbox"/> anteriormente recibiendo servicios de Educacion Especial?
<input type="checkbox"/> matriculado en un Programa de Educación Alternativa?	<input type="checkbox"/> anteriormente recibiendo servicios de Seccion 504?
<input type="checkbox"/> previamente identificado como dotado y talentoso?	<input type="checkbox"/> anteriormente recibiendo servicios de programa de dislexia?
<input type="checkbox"/> reprobado? En que ano? _____	<input type="checkbox"/> anteriormente recibiendo servicios de un programa bilingüe o de ESL?
<input type="checkbox"/> previamente identificado como estudiante migrante?	<input type="checkbox"/> anteriormente recibiendo servicios de Fonoaudiología?

Continúe en la pagina 2



**INFORMACIÓN DE LOS PADRES**

**Custodia: (Marque las personas con custodia legal)**

- Ambos padres    Padre solamente    Padre/madrastra    Padrastro    Abuelo    Familia de acogida    Guardián    Parientes  
 Juntos    Madre solamente    Madre/Padrastro    Madrastra    Abuela    Hermano    Hermana    Otros: \_\_\_\_\_

**El estudiante vive con:**

- Ambos padres    Padre solamente    Padre/madrastra    Padrastro    Abuelo    Familia de acogida    Guardián    Parientes  
 Juntos    Madre solamente    Madre/Padrastro    Madrastra    Abuela    Hermano    Hermana    Otros: \_\_\_\_\_

**Padres: CARTER**

**JURGUEN**

Apellido

Primer

Segundo

Fecha de nacimiento

**Relación al niño:**

- Padre    Abuelo    Padrastro    Madrastra    Familia de acogida    Guardián    Parientes  
 Madre    Abuela    Hermano    Hermana    Otros: \_\_\_\_\_

**Idioma de preferencia:**

- Inglés    Español    Otro: \_\_\_\_\_

**Idioma preferida de correspondencia:**

- Inglés    Español    Otro: \_\_\_\_\_

Teléfono de casa: 830-123-4567 Celular: 830-123-4567

Trabajo: HOME DEPOT Teléfono del trabajo: 830-123-4567

Correo electrónico: WONDERDEPO@YAHOO.COM Domicilio (si es diferente) \_\_\_\_\_

Licencia para manejar: \_\_\_\_\_

Envíe una copia de correspondencia (si no es el domicilio del  Sí  No

**Parent/Guardian 2 Name: CARTER**

**JENNIFER**

Apellido

Primer

Segundo

Fecha de nacimiento

**Relación al niño:**

- Padre    Abuelo    Padrastro    Madrastra    Familia de acogida    Guardián    Parientes  
 Madre    Abuela    Hermano    Hermana    Otros: \_\_\_\_\_

**Idioma de preferencia:**

- Inglés    Español    Otro: \_\_\_\_\_

**Idioma preferida de correspondencia:**

- Inglés    Español    Otro: \_\_\_\_\_

Teléfono de casa: 830-123-4567 Celular: 830-123-4567

Trabajo: WALMART Teléfono del trabajo: 830-123-4567

Correo electrónico: WONDER.MOM@COMALISD.OR Domicilio (si es diferente) \_\_\_\_\_

Licencia para manejar: \_\_\_\_\_

Envíe una copia de correspondencia (si no es el domicilio del estudi  Sí  No

**CONTACTOS DE EMERGENCIA: En caso de emergencia, los padres serán llamados primero**

**A continuación se enumeran las personas de contacto de emergencia que tienen permiso para recoger a mi hijo.**

- 1). Nombre BARBARA GORDON Teléfono: 210-123-4567 Celular \_\_\_\_\_
- 2). Nombre BRUCE WAYNE Teléfono: 830-123-4567 Celular 210-123-4567
- 3). Nombre \_\_\_\_\_ Teléfono: \_\_\_\_\_ Celular \_\_\_\_\_

**Situación Militar: (marque todas las que apliquen)**

¿Este niño esta a cargo de un miembro de las Fuerzas Armadas de EE.UU.?  Sí  No

¿Este niño esta a cargo de un empleado civil del Departamento de Defensa empleado en las propiedades federales?  Sí  No

**Hermanos en el distrito de Comal Favor de enumerar a todos los hermanos, medio-hermanos, y hermanastros registrados ACTUALMENTE en una escuela del distrito de Comal.**

Nombre del hermano: \_\_\_\_\_ Relación al estudiante:  hermanos  hermana  medio-hermano  
 hermanastro (Marque todos los que apliquen)

Edad: \_\_\_\_\_ Escuela actualmente en el distrito: \_\_\_\_\_

Nombre del hermano: \_\_\_\_\_ Relación al estudiante:  hermanos  hermana  medio-hermano  
 hermanastro (Marque todos los que apliquen)

Edad: \_\_\_\_\_ Escuela actualmente en el distrito: \_\_\_\_\_

Nombre del hermano: \_\_\_\_\_ Relación al estudiante:  hermanos  hermana  medio-hermano  
 hermanastro (Marque todos los que apliquen)

Edad: \_\_\_\_\_ Escuela actualmente en el distrito: \_\_\_\_\_

Escuela: CANYON HIGH SCHOOL Numero escolar de identificación 000003

**NEGACIÓN Y FIRMA**

**Proceso de Matrícula:**

**Por el inciso (f) Sección 25.002, Código de Educación, y se modifica y se lea como sigue:**

“Para que un niño sea matriculado en una escuela pública, el niño debe ser inscrito por los padres del niño o por el guardián del niño o por otra persona con control legal del niño por orden judicial”. El distrito escolar registrara el nombre, dirección, y fecha de nacimiento de la persona que inscribe a un niño. (PEA)

Nombre de la persona que inscribe al niño: \_\_\_\_\_

Fecha de nacimiento de la persona que inscribe al niño: \_\_\_\_\_

Dirección de la persona que inscribe al niño: \_\_\_\_\_

Al firmar abajo, yo certifico la información proporcionada en todas las páginas de este formas es correcta y completa. La presentación de un registro falso o falsificar documentos es una ofensa bajo la Sección 37.10 Código Penal, y la persona que inscribe a un niño con documentos falso sera legalmente responsable de pagar la matricula u otros costos. TEC Sec. 25,002. (3) (4)

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