

# SEGUIN ISD ENROLLMENT FORM

Student Name: \_\_\_\_\_ Local ID # \_\_\_\_\_ Grade \_\_\_\_\_ Campus \_\_\_\_\_  
Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_ City of Birth: \_\_\_\_\_ State of birth: \_\_\_\_\_  
Current Age (as of Sept. 1): \_\_\_\_\_ Gender \_\_\_\_\_ Home Language: \_\_\_\_\_ Ethnicity/Race: (TEA Appendix F-Office Use)  
Homeroom Teacher: \_\_\_\_\_ Bus Number: \_\_\_\_\_ Car: \_\_\_\_\_ Walk: \_\_\_\_\_  
Last School Attended: \_\_\_\_\_ Last School Attended Address: \_\_\_\_\_  
(Circle) Special Services at previous school: Bilingual/ESL, Migrant, At-Risk, GT, Title 1, Special Education, Other \_\_\_\_\_

**Changes in legal guardian and/or lives with fields require documentation – See Elementary Attendance Clerk or Secondary Registrar**

#1 Contact Name: \_\_\_\_\_ DL #: \_\_\_\_\_  
Contact Type: Parent, Guardian, Other Relationship: \_\_\_\_\_ Lives With: \_\_\_\_\_  
(Circle one)  
Address is private \_\_\_\_\_ Home Address: \_\_\_\_\_  
Mailing address is private \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Phone is private \_\_\_\_\_ Home Phone: \_\_\_\_\_ Private Cell? \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email is private \_\_\_\_\_ Email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

#2 Contact Name: \_\_\_\_\_ DL #: \_\_\_\_\_  
Contact Type: Parent, Guardian, Other Relationship: \_\_\_\_\_ Lives With: \_\_\_\_\_  
(Circle one)  
Address is private \_\_\_\_\_ Home Address: \_\_\_\_\_  
Mailing Address is private \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Phone is private \_\_\_\_\_ Home Phone: \_\_\_\_\_ Private Cell? \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email is private \_\_\_\_\_ Email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

Contact Information: (other than parent) Persons listed below are authorized to be contacted in case of an emergency or to whom the student may be released during the school day. Please indicate any restrictions on releasing your child's records.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

**Sibling Information: children who live in your home and are currently attending school, do not list student entered above.**

Sibling's Name: \_\_\_\_\_ Sibling's Campus: \_\_\_\_\_ Age (Sept 1<sup>st</sup> this year): \_\_\_\_\_  
Sibling's Name: \_\_\_\_\_ Sibling's Campus: \_\_\_\_\_ Age (Sept 1<sup>st</sup> this year): \_\_\_\_\_  
Sibling's Name: \_\_\_\_\_ Sibling's Campus: \_\_\_\_\_ Age (Sept 1<sup>st</sup> this year): \_\_\_\_\_

Presenting false information or false records for identification is a criminal offense and enrolling a child under false documentation makes the person liable for tuition and other costs.

X \_\_\_\_\_  
Signature of Parent/Guardian Date

I, the parent/guardian, authorize officials of the Seguin ISD to contact the person(s) named on this form and authorize the physician named below to render treatment of this child as may be necessary in an emergency. In the event that I, the parent, or any other person(s) whom I have listed on this form, cannot be contacted, I authorize Seguin ISD officials to take whatever action, including calling EMS, that they deem necessary (Family Code 32.001). I will not hold Seguin ISD financially responsible for emergency care and/or transportation to home, to a doctor, to a dentist, or to the home of a relative or friend. I grant school personnel my permission to transport this child.

Name of Family Doctor (please print): \_\_\_\_\_ City \_\_\_\_\_ Phone # \_\_\_\_\_

X \_\_\_\_\_  
Signature of Parent/Guardian Date

# SEGUIN ISD ENROLLMENT FORM Addendum (for additional contacts/siblings)

**Changes in legal guardian and/or resides with fields require documentation- see Elementary Attendance Clerk/Secondary Registrar.**

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_

Contact Name: \_\_\_\_\_ DL #: \_\_\_\_\_

Contact Type: Parent, Guardian, Other Relationship: \_\_\_\_\_ Lives With: \_\_\_\_  
(Circle one)

Address is private \_\_\_\_ Home Address: \_\_\_\_\_

Mailing Address is private \_\_\_\_ Mailing Address: \_\_\_\_\_

Phone is private \_\_\_\_ Home Phone: \_\_\_\_\_ Private Cell? \_\_\_\_ Cell Phone: \_\_\_\_\_

Email is private \_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

---

Contact Name: \_\_\_\_\_ DL #: \_\_\_\_\_

Contact Type: Parent, Guardian, Other Relationship: \_\_\_\_\_ Lives With: \_\_\_\_  
(Circle one)

Address is private \_\_\_\_ Home Address: \_\_\_\_\_

Mailing address is private \_\_\_\_ Mailing Address: \_\_\_\_\_

Phone is private \_\_\_\_ Home Phone: \_\_\_\_\_ Private Cell? \_\_\_\_ Cell Phone: \_\_\_\_\_

Email is private \_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

---

Contact Name: \_\_\_\_\_ DL #: \_\_\_\_\_

Contact Type: Parent, Guardian, Other Relationship: \_\_\_\_\_ Lives With: \_\_\_\_  
(Circle one)

Address is Private \_\_\_\_ Home Address: \_\_\_\_\_

Mailing address is private \_\_\_\_ Mailing Address: \_\_\_\_\_

Phone is private \_\_\_\_ Home Phone: \_\_\_\_\_ Private Cell? \_\_\_\_ Cell Phone: \_\_\_\_\_

Email is private \_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

**Contact Information:** (Other than Parent) Persons listed below are authorized to be contacted in case of an emergency or to whom the student may be released during the school day. Please indicate any restrictions on releasing your child's records.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

**Sibling Information:** children who live in your home and are currently attending school, do not list student entered above.

Sibling's Name: \_\_\_\_\_ Sibling's Campus: \_\_\_\_\_ Age (Sept 1<sup>st</sup> this year): \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ Sibling's Campus: \_\_\_\_\_ Age (Sept 1<sup>st</sup> this year): \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ Sibling's Campus: \_\_\_\_\_ Age (Sept 1<sup>st</sup> this year): \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ Sibling's Campus: \_\_\_\_\_ Age (Sept 1<sup>st</sup> this year): \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ Sibling's Campus: \_\_\_\_\_ Age (Sept 1<sup>st</sup> this year): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_