AMBASSADORS PREPARATORY ACADEMY
Enrollment Form

Has student ever attended a GISD School? ☐ Yes ☐ No			Last School Attended		
GISD Student ID	Date of Enrollment	Date of Birth	Gender ☐ Male ☐ Female	Grade (upcoming school year)	
Legal Student Last Name	First Name	Middle Name	Generation (Jr., III, etc.)	Student Social Security #	
Student ever received/is in need of Special Services (504, speech, special education…)?			Student Lives with ☐ Mother ☐ Both ☐ Father ☐ Other _____		
Student Ethnicity ☐ American Indian/Alaska ☐ Black/African-American ☐ Native Hawaiian/Pacific Islander ☐ Asian ☐ Hispanic/Latino ☐ White			Home Phone (Area Code & Phone)		
Student Address Street Number Street Name Apartment City State Zip County					

Texas Education Code §25.002(f) requires the school district to record the name, address, and date of birth of the person enrolling a child.

Mother/Contact #1 Name (Last, First)	Relationship	Street Number Street Name Apt. City State Zip			
Employer	Occupation	Home Phone	Work Phone	Mobile Phone	
Preferred Language ☐ English ☐ Vietnames ☐ Spanish ☐ Other _____ Translator Needed? ☐ Yes ☐ No		Email Address			
Father/Contact #2 Name (Last, First)	Relationship	Street Number Street Name Apt. City State Zip			
Employer	Occupation	Home Phone	Work Phone	Mobile Phone	
Preferred Language ☐ English ☐ Vietnamese ☐ Spanish ☐ Other _____ Translator Needed? ☐ Yes ☐ No		Email Address			
Emergency/Contact #3 Name (Last, First)	Relationship	Street Number Street Name Apt. City State Zip			
Employer	Occupation	Home Phone	Work Phone	Mobile Phone	
Preferred Language ☐ English ☐ Vietnamese ☐ Spanish ☐ Other _____ Translator Needed? ☐ Yes ☐ No		Email Address			
What type of medical insurance do you carry for this child? ☐ CHIP ☐ Medicaid ☐ HCHD ☐ Private Insurance ☐ None		Family Physician	Physician Phone		

Signature below certifies that all the information above is true and accurate.
Enrollment of the child under false documents subjects the person to liability for tuition or costs under Texas Education Code §25.001(H).

Signature of Mother or Legal Guardian	TX Driver's License Number	Date of Birth (mother or legal guardian)
Signature of Father or Legal Guardian	TX Driver's License Number	Date of Birth (father or legal guardian)
Total Monthly Family Income	Total Number of Members in Household	

Revised 08.07.2018