

ODEM ELEMENTARY Registration Form for School Year 2017 - 2018

Campus Name: ODEM ELEMENTARY

Campus Phone: (361) 368-3881

Campus Fax: (361) 368-2317

STUDENT INFORMATION

Local ID _____ Student Name _____ Grade Level _____ Orig Entry Dt _____ Track _____ SSN _____

Gender _____ Date of Birth _____ Birth Place _____ Age (Sept 1st) _____ Texas Unique ID _____

Address: _____ Student Home Phone: _____

Mailing Address: _____ Student Cell Phone: _____

Student Email: _____ Will your child be using bus transportation to get to school? Yes No

Hispanic Pacific Islander
 White Black
 Asian American Indian

PARENT INFORMATION

1. Guardian: _____ Relation: _____ 2. Guardian: _____ Relation: _____

Address: _____ Address: _____

City, St, Zip: _____ City, St, Zip: _____

Employer: _____ Employer: _____

Cell Ph: _____ Home Ph: _____ Bus Ph: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____

Other Ph: _____ Phone Pref: Cell Home Business Other Other Ph: _____ Phone Pref: Cell Home Business Other

Receive Mailouts: Yes No Language Pref: English Spanish Receive Mailouts: Yes No Language Pref: English Spanish

Emergency Contact: Yes No Email: _____ Emergency Contact: Yes No Email: _____

Svc Branch: _____ Rank: _____ Enrolling Person: _____ Svc Branch: _____ Rank: _____ Enrolling Person: _____

Right to Transport: Yes No Driver License #: _____ State: _____ Right to Transport: Yes No Driver License #: _____ State: _____

Vehicle Make: _____ Model: _____ Color: _____ Vehicle Make: _____ Model: _____ Color: _____

Vehicle Plate #: _____ State: _____ Vehicle Plate #: _____ State: _____

EMERGENCY CONTACT INFORMATION

1. Name: _____ Relation: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____

Other Ph: _____ Phone Pref: Cell Home Business Other Right to Transport: Yes No Driver License #: _____ State: _____

Vehicle Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____

2. Name: _____ Relation: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____

Other Ph: _____ Phone Pref: Cell Home Business Other Right to Transport: Yes No Driver License #: _____ State: _____

Vehicle Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____

Doctor: _____ Bus Ph: _____ Dentist: _____ Bus Ph: _____

Hospital: _____ Bus Ph: _____ Other Medical: _____ Bus Ph: _____

List any Allergies: _____

SIBLING INFORMATION

Brothers/Sisters	Grade	School	Brothers/Sisters	Grade	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law and may subject you to tuition cost for your child. I certify that the information given above is correct. I authorize the school to contact the person named on this form and the above named physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

Parent or Guardian Signature _____ Date of Birth _____ Date _____

(For Office Use Only)

Teacher Name: _____ Control Nbr: _____ Eligibility Code: _____

Birth Certificate on File: _____ Mil Conn: _____ Foster Care: _____ Immunization on File: _____ Title I: _____

Soc Sec Copy on File: _____ At Risk: _____ Migrant: _____ Hm Lng: _____

Gift: _____ LEP: _____ BIL: _____ ESL: _____ Par Per: _____ Econ: _____ Special Education: Prim: _____ Sec: _____ Tert: _____ Multi: _____