ODEM-EDROY JUNIOR HIGH SCHOOL Registration Form for School Year 2017 - 2018

Campus Name: ODEM-EDROY JUNIOR HIGH Campus Phone: (361) 368-8661 Campus Fax: (361) 368-2033

STUDENT INFORMATION

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

☐ Hispanic ☐ Pacific Islander ☐ White ☐ Black ☐ Asian ☐ American Indian

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

PARENT INFORMATION

1. Guardian: _____ Relation: _____
Address: _____
City, St, Zip: _____
Employer: _____
Cell Ph: _____ Home Ph: _____ Bus Ph: _____
Other Ph: _____ Phone Pref: ☐ Cell ☐ Home ☐ Business ☐ Other
Receive Mailouts: ☐ Yes ☐ No Language Pref: ☐ English ☐ Spanish
Emergency Contact: ☐ Yes ☐ No Email: _____
Svc Branch: _____ Rank: _____ Enrolling Person: ___
Right to Transport: ☐ Yes ☐ No Driver License #: _____ State: ___
Vehicle Make: _____ Model: _____ Color: _____
Vehicle Plate #: _____ State: _____

2. Guardian: _____ Relation: _____
Address: _____
City, St, Zip: _____
Employer: _____
Cell Ph: _____ Home Ph: _____ Bus Ph: _____
Other Ph: _____ Phone Pref: ☐ Cell ☐ Home ☐ Business ☐ Other
Receive Mailouts: ☐ Yes ☐ No Language Pref: ☐ English ☐ Spanish
Emergency Contact: ☐ Yes ☐ No Email: _____
Svc Branch: _____ Rank: _____ Enrolling Person: ___
Right to Transport: ☐ Yes ☐ No Driver License #: _____ State: ___
Vehicle Make: _____ Model: _____ Color: _____
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: ___