

Axtell High School / Middle School Enrollment Information

Student Enrollment Data

Student Name: First				Middle	Last
Parent /Guardian Last Name (if different from student):					
Relationship to Parent / Guardian			Email address		
Address:			Emergency Number (voice & text)		
City	State	Zip Code			
Date of Birth	Date Enrolled		Grade		

Parent / Guardian Data (Parent Student lives with)

Fathers Data

Mothers Data

Name:			Name:		
Cell Phone #			Cell Phone #		
Employer			Employer		
Work #			Work #		
Residence Address			Mailing Address (if different)		
City	State	Zip	City	State	
Home Phone Unlisted?			Home Phone Unlisted?		
<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Yes		
E-mail address			E-mail address		
Drivers License #			Drivers License #		

Student resides with: Father Mother Both

Other Parent / Guardian Data
(Parent student does not live with - if applicable)

Fathers Data

Mothers Data

Name:

Name:

Cell Phone #

Cell Phone #

Employer

Employer

Work #

Work #

Residence Address

Mailing Address (if different)

City State Zip

City State

Home Phone
Unlisted? Yes No

Home Phone
Unlisted? Yes

E-mail address

E-mail address

Drivers License #

Drivers License #

Emergency Contact Data
(Contact in case Parent / Guardian cannot be reached in emergency)

Name

Name

Relationship

Relationship

Home Phone

Home Phone

Cell #

Cell #

Work #

Work #

email address

email address

Student Personal Data

Date of Birth	SS#
Place of Birth	Previous SS# (if applicable)
Sex	Race

Students Educational Data

Previous School Attended	Date Withdrawn from Previous S
Previous School's Address	Other Schools Attended in the La

	YES
Has your child been receiving LEP classes?	<input type="checkbox"/>
Has your child been receiving bilingual classes?	<input type="checkbox"/>
Has your child been receiving G/T services?	<input type="checkbox"/>
Has your child been receiving Special Education services?	<input type="checkbox"/>
Has your child been receiving Section 504 services?	<input type="checkbox"/>
Has your child ever been retained?	<input type="checkbox"/>
In the last year, has your child: been expelled?	<input type="checkbox"/>
been placed in an Alternative School?	<input type="checkbox"/>
been suspended?	<input type="checkbox"/>
engaged in delinquent conduct that caused him/her to be placed on probabtion or under supervision?	<input type="checkbox"/>
engaged in criminal conduct that caused him/her to be placed on probabtion or under supervision?	<input type="checkbox"/>

Students Health Data

Does your child have any special health problems? Explain: _____

Is your child currently taking any medications? If yes, please list them. _____

Has your child ever had:

Positive TB test	yes / no	Seizures	yes / no	Vision Loss
Measles	yes / no	Convulsions	yes / no	Nose Bleeds
Hearing Loss	yes / no	Fainting	yes / no	Meningitis

Diabetes yes / no Rubella yes / no Headaches
 Chicken Pox yes / no Scoliosis yes / no Mumps
 Please list any recent surgeries: _____

Please list any allergies: _____

Data Verification Signatures

Residency: It is the law:

"A person who knowingly falsifies information on a form required for enrollment in a school district is liable to the district if the student is not eligible for enrollment in the district but is enrolled on the basis of false information. That person is liable, for the period during which the ineligible student is enrolled, for the cost of the district's budgeted for each student as maintenance and operating costs. That person is also liable under Section 37.10 or the Penal Code."

I certify that all the information above is accurate.

 Signature of Parent / Guardian

I understand that any medications given at school must be in the original container with the student's name, dosage, frequency, name of medication and must be accompanied by a note from the parent / guardian. I understand that students are not to carry or keep medications in their lockers.

 Signature of Parent / Guardian

In the event of a medical emergency and I cannot be reached, _____ I authorize / _____ do not authorize (please check appropriate response) Axtell ISD to administer first aid to my child and, if necessary, take my child to a hospital. I will assume all responsibility for medical expenses incurred.

 Signature of Parent / Guardian

OFFICE USE ONLY

Parent has provided:

Proof of residence Social Security Card Birth Certificate Withdrawl Form Health Record	<table border="1" style="width: 100px; height: 100px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>						Copy of Driver's Licence Proof of Residence Language Survey TAKS Scores Report Card

Office Gave Student:

Student Handbook

Code of Conduct

Lunch Letter

Internet Agreement

Parking Permit

Date Sent for Transcript:

Handbook Cover Sheet

Drug Testing Information

Health Information

Student ID card

Temporary ARD Forms

Family ID# Form

t)

Zip

No

Legal Guardian

Zip

No

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chool

1st Year

NO

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yes / no
yes / no
yes / no

yes / no
yes / no

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