

River Road ISD Registration Form

Office Use Only:	Teacher name: _____	Teacher control number: _____
Birth Cert on file:	Yes ___ No ___	Immunon file: Yes ___ No ___
SS# on file:	Yes ___ No ___	Home Language: _____
TITI: _____	GIFTED: _____	LEP: _____
BIL: _____	PP: _____	ECON: _____
RISK: _____	MIG: _____	Special Education Prim: _____
SEC: _____	TERT: _____	MULTI: _____

STUDENT INFORMATION

ID#: _____ Last Name: _____ First Name: _____ Middle Name: _____ Grade: _____ Gender: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____ Home Phone Number: _____

Birth Date: _____ Place of Birth: _____ Bus Route: _____ Social Security Number: _____ Ethnicity: _____

PARENT/GUARDIAN INFORMATION

1st Parent/Guardian Relation: _____ Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____ Home Phone Number: _____

Cell Phone Number: _____ Email address: _____ Birth Date: _____ Social Security Number: _____

Employer: _____ Occupation: _____ Work Phone Number including Extension: _____

Work Address: _____ City: _____ State: _____ Zip: _____

I authorize student directory information to be: Released _____ Withheld _____

PARENT/GUARDIAN INFORMATION

2nd Parent/Guardian Relation: _____ Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____ Home Phone Number: _____

Cell Phone Number: _____ Email address: _____ Birth Date: _____ Social Security Number: _____

Employer: _____ Occupation: _____ Work Phone Number including Extension: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Alternative Emergency Contact 1: _____ Phone Number: _____ Relationship: _____

Alternative Emergency Contact 2: _____ Phone Number: _____ Relationship: _____

Doctor Preference: _____ Phone Number: _____ Hospital Preference: _____

BROTHERS / SISTERS	GRADE	SCHOOL	BROTHERS / SISTERS	GRADE	SCHOOL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Legislation: Regardless of whether a child's parent, guardian, or other person with legal control of the child under a court order is enrolling a child, under Section 25.002(f), a district is required to record the name, address, and date of birth of the person enrolling a child.

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: _____ Date of Birth: _____