

# Welcome to Tarkington Primary School.....2018-2019 School Year

When enrolling your child, please make sure to have a copy of the following items:

Birth Certificate (State Certified)

Social Security Card

Current Immunization Record ([www.dshs.state.tx.us/immunize/school/default.shtm](http://www.dshs.state.tx.us/immunize/school/default.shtm))

Current Proof of Residence ("ONLY" Utility Bills will be accepted/Physical Add.)

(\*Please ask us for additional paperwork if bills are not listed in your name.)

A valid Driver's License or Picture ID

**\*For Pre-K Enrollments** –Completed Pre-K Eligibility Form and necessary qualifying documentation.

**Upon receiving a copy of all items and a completed registration packet your child will be enrolled and placed into a classroom. Contact the Primary Office at 281-592-7736 ext. 133 for questions or assistance with enrollment.**

## **Please complete the following questions.**

Has your child ever been enrolled at Tarkington Primary School? \_\_\_\_\_ NO \_\_\_\_\_ Yes

Has your child ever been retained? If yes, what grade? \_\_\_\_\_ NO \_\_\_\_\_ Yes

\_\_\_\_\_ Grade (Retained)

Is your child in any of the following programs?

Special Education \_\_\_\_\_ Yes \_\_\_\_\_ No (\*If Yes, Please see the Counselor)

Speech Therapy \_\_\_\_\_ Yes \_\_\_\_\_ No (\*If Yes, Please see the Speech Therapist)

ESL \_\_\_\_\_ Yes \_\_\_\_\_ No (\*If Yes, Please see the Asst. Principal)

GT \_\_\_\_\_ Yes \_\_\_\_\_ No (\*If Yes, Please see the Counselor)

504 \_\_\_\_\_ Yes \_\_\_\_\_ No (\*If Yes, Please see the Counselor)

Dyslexic \_\_\_\_\_ Yes \_\_\_\_\_ No (\*If Yes, Please see the Counselor)

(Office Use Only: Notified by \_\_\_\_\_ Date \_\_\_\_\_)

Previous School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**TARKINGTON PRIMARY SCHOOL Registration Form for School Year 2018 - 2019**

Campus Name: TARKINGTON PRIMARY

Campus Phone: (281) 592-7736

Campus Fax: (281) 592-2361

**STUDENT INFORMATION**

Local ID: _____	Student Name: _____	Grade Level: _____	Orig Entry Dt: _____	Track: _____	SSN: _____	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Pacific Islander
Gender: _____	Date of Birth: _____	Birth Place: _____	Age (Sept 1st): _____	Texas Unique ID: _____		<input type="checkbox"/> White	<input type="checkbox"/> Black
						<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian

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: _____	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: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other		Other Ph: _____ Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	
Receive Mailouts: <input type="checkbox"/> Yes <input type="checkbox"/> No Language Pref: <input type="checkbox"/> English <input type="checkbox"/> Spanish		Receive Mailouts: <input type="checkbox"/> Yes <input type="checkbox"/> No Language Pref: <input type="checkbox"/> English <input type="checkbox"/> Spanish	
Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Email: _____		Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Email: _____	
Svc Branch: _____ Rank: _____ Enrolling Person: _____		Svc Branch: _____ Rank: _____ Enrolling Person: _____	
Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License #: _____ State: _____		Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver License #: _____	State: _____
Vehicle Make: _____	Model: _____	Color: _____	Plate #: _____	State: _____
2. Name: _____	Relation: _____	Cell Ph: _____	Home Ph: _____	Bus Ph: _____
Other Ph: _____	Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> 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 or Health Concerns: \_\_\_\_\_

**SIBLING INFORMATION**

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

**BUS INFORMATION**

Eligible: _____	Seat: _____	Special Requirements
Route: _____	Run: _____	Transportation: _____
Pickup Stop: _____	Dropoff Stop: _____	Special Seating: _____
Pickup Assigned: _____	Dropoff Assigned: _____	Wheelchair: _____
Pickup Route: _____	Dropoff Route: _____	

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 _____
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**(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: _____

Tarkington Independent School District

Home Language Survey-19TAC Chapter 89, Subchapter BB §89.121

TO BE COMPLETED BY PARENT OR GUARDIAN (OR STUDENT IF GRADES 9-12): The state requires that the following information be completed for each student that enrolls for the first time in Texas public schools. This survey shall be kept in each student's record folder.

NAME OF STUDENT \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

CAMPUS \_\_\_\_\_

1. What language is spoken in your home most of the time? \_\_\_\_\_

2. What language does your child speak most of the time? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student if Grades 9-12

\_\_\_\_\_  
Date

Cuestionario del idioma que se habla en el hogar

DEBE DE COMPLETARSE POR EL PADRE/MADRE/O REPRESENTANTE LEGAL: ( O POR EL ESTUDIANTE SE ESTA EN LOS GRADOS 9-12) El estado de Texas requiere que la siguiente informacion se complete para cada estudiante que se matricula por primera vez en una escuela publica de Texas. Este cuestionario se archivara en el expediente del estudiante.

NOMBRE DEL ESTUDIANTE \_\_\_\_\_ #ID \_\_\_\_\_

DIRECCION \_\_\_\_\_ TELEFONO \_\_\_\_\_

ESCUELA \_\_\_\_\_

1. Que idioma se habla en su hogar la mayoria del tiempo? \_\_\_\_\_

2. Que idioma habla su hijo/a la mayoria del tiempo? \_\_\_\_\_

\_\_\_\_\_  
Firma del Padre/Madre/O Representante Legal

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del estudiante si esta en los grados 9-12

\_\_\_\_\_  
Fecha