



Wheeler ISD
PO BOX 1010
Wheeler TX 79096

To be completed by Campus
Date of Enrollment: _____
Last Grade Completed: _____
Year Into Grade 9: _____
Student ID : _____

STUDENT ENROLLMENT/REGISTRATION FORM FOR THE 2018-2019 SCHOOL YEAR

Students Legal Name (Last, First, Middle)		Students DOB:	Place of Birth:	Student's Social Security Number
Sex Male Female	Grade Level	Previous School (School Name, City)	Reason for leaving school:	
Special Programs (check all that apply) Special Education Section 504 Bilingual/ESL Other _____		Has your child lived out of the US for 2 or more consecutive years? Yes No If yes, indicate dates: From: _____ To: _____ When your child lived outside the US did he/she attend school regularly? Yes No		
Name of Parent/Guardian with whom Student Lives		DOB (mm/dd/yy)	Relationship to Student	
Student's Physical Address Temporary arrangement		Student's Mailing Address		
Home Phone:	Cell Phone:	Student's Race: Asian Hispanic White Black American Indian		
Father's/Guardian Name and Address if different than above Same as above		DOB (mm/dd/yy)	Cell Phone:	Work Phone:
Mother's/Guardian Name and Address if different than above Same as above		DOB (mm/dd/yy)	Cell Phone:	Work Phone:

HEALTH SERVICES INFORMATION

OTHER PERSONS WHO MAY BE CONTACTED IN THE EVENT OF AN EMERGENCY:

*Emergency Contact Name (someone other than parent /guardian)	Relationship to student:	Phone Number	Release Authorized * Yes NO
*Emergency Contact Name (someone other than parent /guardian)	Relationship to student:	Phone Number	Release Authorized * Yes NO
Name of Physician	Physician Phone Number:	Preferred Hospital:	Health Insurance: Uninsured Medicaid CHIP Commercial
List any allergies student may have:	Dentist:	Phone Number:	
Name/Grade of Sibling(s) Attending WISD:			
*(Please list all guardianship or custody arrangements about which school administrators should be aware of: ATTACH ALL COPIES OF LEGAL DOCUMENTS			

*I authorize WHEELER ISD to contact above names person, and authorize the named physician to render treatment for the health of my child in an emergency. In the event parent/guardian or physician cannot be contacted, school officials are authorized to take whatever action is considered necessary for the health of my child. I will not hold the school district financially responsible for the emergency care and/or transportation for my child.

*Knowingly falsifying information on this document is a criminal offense punishable by law. (TX Penal Code §37.10). I certify that the information contained in this enrollment/registration form is true and correct.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Email address: _____

TEC §25.002(f) requires that the name, address and date of birth of the person enrolling a student be provided to the school district.

*Student is permitted to be released into the custody of the individual listed in case of an emergency.