

**STUDENT ENROLLMENT/REGISTRATION FORM**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

**Acknowledgements**

1. The Texas Open Records Act requires BISD to release a student's address/phone number unless a parent requests it **NOT** be released by initialing here \_\_\_\_\_.
2. The No Child Left Behind Act of 2001 requires BISD to release to military recruiters and institutions of higher education, upon request, the name, address, and telephone listing of your child, unless you direct BISD **NOT** to release this information by initialing here: Military Recruiters \_\_\_\_\_ Higher Education \_\_\_\_\_
3. I acknowledge and give permission for my student to participate in school-sponsored field trips. If your student is **NOT** participate in school-sponsored field trips, please initial here \_\_\_\_\_.
4. I give permission for my student's work to be electronically displayed/produced by the district unless I specifically request **NOT** to display/produce the work by initialing here \_\_\_\_\_.
5. I give permission for my child's information and/or photograph to appear on the BISD website, in the yearbook, in school newsletters, in event programs, or any other form of school-sponsored media unless I specifically request **NOT** to allow this by initialing here \_\_\_\_\_.
6. I acknowledge that I have reviewed a copy of the Bland ISD Student Acceptable Use and Internet Safety Policy which governs student computer and Internet use. I understand that this document can be obtained in print at my student's campus or on the district's website. I further give permission for my student to participate in the use of BISD's electronic communication and multi-media systems unless I specifically request that they **NOT** participate by initialing here \_\_\_\_\_.
7. I acknowledge that I have reviewed a copy of the Bland ISD Student handbook containing the Student Code of Conduct. I understand that this document can be obtained in print at my student's campus or on the district's website. I understand that the handbook contains information that my child and I may need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the code of conduct. I understand that the Student Code of Conduct governs all behavior at school, at school-sponsored and school-related activities, and during school-sponsored travel. I also understand the Student Code of Conduct governs some designated behaviors occurring within 300 feet of school property, some designated behaviors occurring off-campus, and for any school related misconduct regardless of time or location. I understand that a referral for criminal prosecution is possible for certain violations of the law.
8. I authorize BISD to contact named persons listed on page one of this form, 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 necessary for the health of my child. I will not hold the school district financially responsible for the emergency care and/or transportation of my child.
9. Medical information listed will be shared with whomever the district deems necessary for the health and safety of my child unless I specifically request it **NOT** be shared by initialing here \_\_\_\_\_.

**I certify that all the information on this application is true and correct to the best of my knowledge, and understand that a person making a false statement in this document or any other document for the purpose of school enrollment commits a criminal offense under §37.10 of the Texas Penal Code and is subject to imprisonment or fine. Further, a person enrolling a child under false documents violates §25.001 of the Texas Education Code and is subject to liability for tuition or costs under Texas Law.**

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_