

Gilmer ISD New Student Enrollment Form

Student Information:

Last Name: _____ First Name: _____ Middle Name: _____

Name Suffix: I II III JR SR None Other Name (nickname): _____ Grade: _____

Date of Birth: _____ Gender: Male Female Social Security Number: _____

Student Cell Phone: _____ Email: _____

Ethnicity: Yes, student is of Cuban, Mexican, Puerto Rican, or other Spanish culture or origin Not Hispanic/Latino

Race: What is the student's race? (Must Choose One or more)

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White

What Language is spoken in your home? English Spanish Vietnamese Other: _____

What Language does your child speak most of the time? English Spanish Vietnamese Other: _____

Custodial Parent/Guardian One: (student lives at this address the majority of time)

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name (if applicable): _____ Relationship to Student: _____

Gender: Male Female Date of Birth: _____ Driver's License #: _____

Primary Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name (if applicable): _____ Relationship to Student: _____

Gender: Male Female Date of Birth: _____ Driver's License #: _____

Primary Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address if different: _____

Custodial Parent/Guardian Two:

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name (if applicable): _____ Relationship to Student: _____

Gender: Male Female Date of Birth: _____ Driver's License #: _____

Primary Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name (if applicable): _____ Relationship to Student: _____

Gender: Male Female Date of Birth: _____ Driver's License #: _____

Primary Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address if different: _____

Custody Information: Joint Custody Sole Custody Mother Sole Custody Father Sole Custody Guardian Other Custody Papers/Agreement: Yes No

Special Instructions: _____

Siblings Enrolled: Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Has student ever been retained? Yes No If yes, what grade/year? _____ Enrolled in GISD? Yes No If yes, what school year? _____

Has student ever been enrolled in any of the following special programs? Special Education 504 Speech Dyslexia LEP/ESL/Bilingual Gifted/Talented

Reading Intervention Math Intervention None Is this student new to a Texas Public School? Yes No

Parent Signature _____

Date _____

Office Use Only: Date Enrolled in Skyward: _____ 1st Day of ADA: _____ Other ID: _____

OLR Completed: Yes No Registrar Initials: _____ Campus: 002 041 102 103