



DeSoto Independent School District

STUDENT ENROLLMENT FORM

***To be completed by campus:**

Date of enrollment _____

Last grade completed _____

Year into grade 9 _____

The completion of the information on the Student Enrollment Form does not determine the parental relationship nor does it affect legal right of access to the student or the student's records. (Form should be completed by parent/guardian.)

School		(completed by office) Student ID: _____	
Student's Legal Name (Last, First, Middle)		State ID: _____	
Date of Birth (mm/dd/yy)		Student Social Security Number (if available)	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Student's Place of Birth (City, State, Country)		If student's birthplace is outside U.S., date he/she entered U.S. _____
Grade Level	Special Programs (check all that apply) <input type="checkbox"/> Special Education <input type="checkbox"/> Section 504 <input type="checkbox"/> Bilingual/ESL <input type="checkbox"/> Other	Has your child lived out of the U.S. for 2 or more consecutive years? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, indicate dates: From _____ to _____) When your child lived outside the U. S., did he/she attend school regularly? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Previous School (School Name, City, State)			
Name of Parent/Guardian with Whom Student Lives		DOB (mm/dd/yy)	Relationship to Student
			Foster Parent <input type="checkbox"/> No <input type="checkbox"/> Yes
Student's Address (Street name, building and/or apt. #, City, State, ZIP <input type="checkbox"/> Temporary Arrangement)			Residence Telephone Number
Father/Guardian Name and Address (if different from above)		DOB (mm/dd/yy)	Place of Employment
			Home Ph. _____ Work Ph. _____ Cell Ph. _____
Mother/Guardian Name and Address (if different from above)		DOB (mm/dd/yy)	Place of Employment
			Home Ph. _____ Work Ph. _____ Cell Ph. _____

OTHER PERSONS WHO MAY BE CONTACTED IN THE EVENT OF EMERGENCY

*Person's Name and Relationship	Release Authorized <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number
*Person's Name and Relationship	Release Authorized <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number
*Person's Name and Relationship	Release Authorized <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number
Name of Sibling(s) Attending DeSoto ISD Schools	Date of Birth	School Name
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all guardianship or custody arrangements about which school administrators should be aware. Attach all copies of legal documents.

I authorize DeSoto ISD to contact above named persons, and I authorize school officials 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 Enrolling Student Signature: _____ Date: _____

Parent/Guardian Email Address: _____

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

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.