

MILLER GROVE I.S.D.

Registration / Student Update Form

Campus Name: Miller Grove I.S.D

Campus Phone: 903-459-3288

Campus Fax: 903-459-3744

STUDENT INFORMATION

Local ID _____ Student Name (Last, First, Middle) _____ Grade _____

Hispanic Pacific Islander
 White Black
 Asian American Indian

Gender _____ DOB (MM/DD/YY) _____ Birth Place (City & State) _____ Age as of Sept. 1st. (this year) _____

Address (Physical) _____ Student Home Phone _____

Address (Mailing, if different than Physical Address) _____ Student Cell _____

Name & Address of _____
 previous school child _____
 attended _____

 Student's Social Security Number

Will your child be using bus transportation to get to school? Yes No

PARENT INFORMATION

1. _____
 Parent/Guardian _____ Relation _____

Are you the enrolling Person: Yes No

Address _____

City, State, Zip _____

Employer _____

Cell Phone _____ Phone Preference

Home

Cell

Business

Other

Home Phone _____

Work Phone _____ Extension _____

Email _____

Receive Mailouts: Language Preference
 Yes No English Spanish

Service Branch & Rank: _____

Should this parent/guardian be contacted
 in case of an emergency? Yes No

2. _____
 Parent/Guardian _____ Relation _____

Are you the enrolling Person: Yes No

Address _____

City, State, Zip _____

Employer _____

Cell Phone _____ Phone Preference

Home

Cell

Business

Other

Home Phone _____

Work Phone _____ Extension _____

Email _____

Receive Mailouts: Language Preference
 Yes No English Spanish

Service Branch & Rank: _____

Should this parent/guardian be contacted
 in case of an emergency? Yes No

EMERGENCY CONTACT INFORMATION

Please list name(s) other than mom or dad

1.	Name	Relation	Cell Phone	Home Phone
	Work Phone	Phone Preference <input type="checkbox"/> Cell <input type="checkbox"/> Other <input type="checkbox"/> Home	Right To Transport <input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	Name	Relation	Cell Phone	Home Phone
	Work Phone	Phone Preference <input type="checkbox"/> Cell <input type="checkbox"/> Other <input type="checkbox"/> Home	Right To Transport <input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Name	Relation	Cell Phone	Home Phone
	Work Phone	Phone Preference <input type="checkbox"/> Cell <input type="checkbox"/> Other <input type="checkbox"/> Home	Right To Transport <input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Name	Relation	Cell Phone	Home Phone
	Work Phone	Phone Preference <input type="checkbox"/> Cell <input type="checkbox"/> Other <input type="checkbox"/> Home	Right To Transport <input type="checkbox"/> Yes <input type="checkbox"/> No	

If in the event medical personnel needs to be called, please list information for the following:

Doctor: _____	Phone: _____
Dentist: _____	Phone: _____
Hospital: _____	Phone: _____

ALLERGIES

Please list any allergies your child has:

SIBLING INFORMATION

	Brothers/Sisters	Grade	School
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

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(s) named on this form and the above physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician, or other persons name 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	DOB	Date
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Did student receive any of the following Special Services (check all that apply):

_____ Migrant	_____ G/T	_____ Foster Care	_____ Special Ed.
_____ ESL/BIL	_____ Homeless	_____ 504	_____ Speech
_____ PK Military	_____ Free/Red. Lunch		