## FORT BEND INDEPENDENT SCHOOL DISTRICT FD-E-4 **FOR OFFICE USE ONLY:** 16431 Lexington Boulevard Student ID# \_\_\_ Sugar Land, Texas 77479 Grade Level \_\_\_\_\_ ADV# \_\_\_ (281) 634-1000 Entry Date \_\_\_\_ STUDENT REGISTRATION / ENROLLMENT FORM Verification: Residence \_\_\_ Campus # \_\_\_ \_ Campus Name \_\_\_\_\_ DOB \_\_\_\_ \_\_ Health--Yes\_\_ NO\_\_ **Check Appropriate Space Below:** STUDENT'S ENROLLMENT INFORMATION: R \_\_\_\_ T \_\_ \_\_P \_\_\_D \_\_\_I \_\_ Privacy Flag: \_\_\_ Student's Legal Name: Birth Date: \_\_\_\_/\_\_\_ Gender: Male \_\_ Female \_\_ Birth Certificate: Yes No Birthplace: \_\_\_\_/ Social Security Number: \_\_\_\_\_ OR State ID Number: \_\_\_\_ Ethnicity: Hispanic Yes\_\_\_ No\_\_ Race (Circle all that apply): 01-Native American or Alaska Native 02 Asian 03-Black or African American 04 Native Hawaiian/Other Pacific Islander 05-White Student's Primary Language:\_\_\_\_ \_\_\_\_\_ Home Language:\_\_ STUDENT'S DEMOGRAPHICS: Student Resides With \_ \_\_\_\_\_Relationship \_\_\_\_\_ Parent/Guardian 1 (Circle one) Natural Parent Stepparent Guardian Appointee Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_ Cell Phone\_\_\_ E-Mail Parent/Guardian 2 Name\_ (Circle one) Natural Parent Stepparent Guardian Appointee Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_ E-Mail \_\_ Student's FBISD Residence \_\_\_\_\_ (MUST be provided) (Street Address) (Zip Code) Mailing Address (Street Address) (If Different from Above) Emergency Contact (other than parents)Name Contact # Siblings Attending FBISD \_\_\_ STUDENT'S EDUCATIONAL HISTORY: \_\_\_\_\_ Attendance Dates \_\_\_\_\_ to \_\_\_\_\_ Last School Attended Last School Address FBISD Schools attended and dates of such #of Days Left Disciplinary Action Pending/In Progress (Yes\_\_ No\_\_) - Type\_\_\_\_ Other Schools attended and dates of such Disciplinary Action Pending/In Progress (Yes\_\_ No\_\_) - Type\_\_\_\_ Has the above student ever been retained? Yes No If yes, in which grade(s)? Did your child participate in or is currently participating in any of the following programs at their previous school(s)? Sp Ed or Speech –Yes \_\_\_\_\_ No \_\_\_\_ Bilingual—Yes \_\_\_\_\_ No \_\_\_\_ ESL—Yes \_\_\_\_\_ No \_\_\_\_ Pre-K—Yes \_\_\_\_\_ No \_\_\_\_ Title I—Yes \_\_\_\_ No \_\_\_ 504—Yes \_\_\_ No \_\_\_ Other (Specify) \_\_ Gifted/Talented -Yes No I acknowledge/understand as the parent/guardian/appointee or student (if 18 or older) that if there are any changes to the information provided above, it is my sole responsibility to notify the school of such and to provide the appropriate updated documentation (including but not limited to my updated driver's license as well as current lease, mortgage agreement, and/or deed as applicable) within 30 days of said change(s). Signature of Parent/Guardian \_\_\_\_

NOTICE: Falsifying information on this form is a violation of the law. Violation of such may result in your prosecution. Before signing this form, it is your responsibility to review Section 37.10 of the TEXAS PENAL CODE as well as Section 25.001(h) of the TEXAS EDUCATION CODE printed on the back.