

Teacher/Advisor Number _____
Grade _____ Home Room _____
Birth Certificate: Yes ___ No ___

**Roswell Independent School District
ENROLLMENT FORM**

Student # _____
Entry Code _____
Date of Entry _____

Student's Legal Last Name _____ First Name _____ Middle Name _____ Nickname _____ Sex: M ___ F ___

Birth Date _____ Birth Place _____ Birth Country _____
Home Phone _____ Unlisted? Yes ___ No ___ Cell Phone Number _____

Transferred From Another Town/School _____ School Name/Address _____

Last Roswell School Attended _____ What Grade? _____

Ethnic Group: Caucasian (C) ___ Black or African American (B) ___ Hispanic or Latino (H) ___ Asian (A) ___
American Indian/Alaskan Native (I) ___ Native Hawaiian or Other Pacific Islander (P) ___

Ethnic Group 1: ___ Ethnic Group 2: ___ Ethnic Group 3: ___ Ethnic Group 4: ___ Ethnic Group 5: ___
Language for telephone messages: English ___ Spanish ___

Special Education: Yes ___ No ___ Ancillary Services: Speech ___ Occupational Therapy ___ Physical Therapy ___

Is Student Eligible for Bus Services? Yes ___ No ___ Does Student Ride the Bus? Yes ___ No ___ If so, Bus Number _____

Student Address _____ City _____ State _____ Zip _____ Homeless

Mailing Address if Different _____ City _____ State _____ Zip _____

Father's Last Name _____ First Name _____ Middle _____ E-mail Address _____ Employer _____ Phone Number/Extension _____

Mother's Last Name _____ First Name _____ Middle _____ E-mail Address _____ Employer _____ Phone Number/Extension _____

Contact 1 Last Name _____ First Name _____ Relation to Student _____ Contact Phone Number _____

Contact 2 Last Name _____ First Name _____ Relation to Student _____ Contact Phone Number _____

Contact 3 Last Name _____ First Name _____ Relation to Student _____ Contact Phone Number _____

Doctor's Name _____ Doctor's Phone Number _____

Special Instructions: (Information the school needs to be aware of for the safety and health of the child) _____

Does your child have any serious illness or handicap? Yes ___ No ___ Initials

If yes, please specify: _____

Allergies: _____

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

Only persons listed on this enrollment form, after showing identification, may remove a student from school.

If student lives with a Guardian or someone other than mother or father, please provide the following information:

Guardianship papers must be on file with the school office.

Name: _____ Relationship: _____

Address: _____ Telephone Number: _____

Employer: _____ Occupation: _____

Work Telephone Number: _____ Cell Number: _____