



Aldine Independent School District

Student Registration Form / Student Entrance Sheet

(Please print)

Student Information						SCHOOL USE ONLY	
Student's name (as legally recorded): Last name		First name		Middle name		Entry Date: _____ _____/_____/_____	
Ethnicity (mark one): <input type="checkbox"/> Am. Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White				Student's social security number:			
Student's date of birth: _____/_____/_____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:	Date entered U.S. schools: _____/_____/_____		Campus #: _____	
City of Birth:		State/country of birth:		If not in the USA, is this student a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		ID #: _____	
Lives with (mark all that apply): <input type="checkbox"/> Parent <input type="checkbox"/> Relative other than parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster parent <input type="checkbox"/> Residential treatment center <input type="checkbox"/> Shelter <input type="checkbox"/> Other							
Address (as legally recorded):				Apt. #:	Zip code:		
Home phone number:			Cellular phone number:				
Special Information						Grade: _____	
Doctor's name:			Doctor's phone number:				
What type of medical insurance do you have for this student? <input type="checkbox"/> CHIP <input type="checkbox"/> Medicaid <input type="checkbox"/> Harris County Hospital District Gold Card <input type="checkbox"/> Private insurance <input type="checkbox"/> None							
Emergency contact person:			Emergency contact phone number:				
1	Parent / Legal guardian: Last name		First name		Date of birth: _____/_____/_____		
	Relationship:			Ethnicity: <input type="checkbox"/> Am. Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <small>(mark one)</small>			
	Work phone number:	E-mail address:		Driver license number:		State:	
2	Parent / Legal guardian: Last name		First name		Date of birth: _____/_____/_____		
	Relationship:			Ethnicity: <input type="checkbox"/> Am. Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <small>(mark one)</small>			
	Work phone number:	E-mail address:		Driver license number:		State:	
This student is currently being served in: <input type="checkbox"/> Special Education <input type="checkbox"/> 504 <input type="checkbox"/> Bilingual/ESL <input type="checkbox"/> GT							
This student previously has been served in: <input type="checkbox"/> Special Education <input type="checkbox"/> 504 <input type="checkbox"/> Bilingual/ESL <input type="checkbox"/> GT							
Has this student ever been retained? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what grades? _____							
Last school attended by student:		School district:			Address:		
List any Aldine ISD schools this student has attended:						Grade(s)	School year(s)
Brothers and sisters (aged 4 to 19):						Total number of Brothers = _____ Sisters = _____ (aged 4 to 19)	
Last name	First name	Date of birth	Grade	School			
False or misleading information on this form is a misdemeanor offense. I hereby acknowledge that the above information is true.							
_____				_____		_____	
Parent's/legal guardian's signature				Date			