

LAMPASAS ISD REGISTRATION FORM

STUDENT	STUDENT'S LAST NAME		FIRST NAME		MIDDLE NAME	GENERATION	GRADE
	DATE OF BIRTH		PLACE OF BIRTH		SSN		GENDER
	HAS YOUR CHILD EVER BEEN RETAINED?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	IF SO, WHAT YEAR(S)?		
	WAS YOUR CHILD EVER ENROLLED WITH LAMPASAS ISD?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	IF SO, WHAT YEAR(S)?		
	WAS YOUR CHILD EVER HOMESCHOOLED?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	IF SO, WHAT YEAR(S)/GRADE(S)?		
	PREVIOUS DISTRICT / CAMPUS?				PREVIOUS CITY / STATE?		

FAMILY #1	MAIN CONTACT NUMBER (school messages will be sent to this number)		
	PARENT/GUARDIAN NAME (student lives with)		CELL PHONE
	EMAIL		RELATIONSHIP
	EMPLOYER		WORK PHONE
	PARENT/GUARDIAN NAME (student lives with)		CELL PHONE
	EMAIL		RELATIONSHIP
	EMPLOYER		WORK PHONE
	COMPLETE PHYSICAL ADDRESS		
COMPLETE MAILING ADDRESS (if different from physical address to include PO Box)			
HAVE PARENTAL RIGHTS BEEN MODIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/> PLEASE PROVIDE ANY COURT DOCUMENTS FOR THIS STUDENT			

FAMILY #2	PARENT/GUARDIAN NAME (per Birth Certificate)		CELL PHONE
	EMAIL		RELATIONSHIP
	EMPLOYER		WORK PHONE
	PARENT/GUARDIAN NAME		CELL PHONE
	EMAIL		RELATIONSHIP
	EMPLOYER		WORK PHONE
	COMPLETE PHYSICAL ADDRESS		
	COMPLETE MAILING ADDRESS (if different from physical address to include PO Box)		
HAVE PARENTAL RIGHTS BEEN MODIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/> PLEASE PROVIDE ANY COURT DOCUMENTS FOR THIS STUDENT			

Emergency Contacts in addition to those listed in Family 1 and 2. Could include but are not limited to: stepparents, grandparents, other family members, family friends, etc.

EMERGENCY	EMERGENCY CONTACT #1	RELATIONSHIP TO STUDENT?	HOME/CELL PHONE	ALTERNATE PHONE
	EMERGENCY CONTACT #2	RELATIONSHIP TO STUDENT?	HOME/CELL PHONE	ALTERNATE PHONE
	EMERGENCY CONTACT #3	RELATIONSHIP TO STUDENT?	HOME/CELL PHONE	ALTERNATE PHONE
	EMERGENCY CONTACT #4	RELATIONSHIP TO STUDENT?	HOME/CELL PHONE	ALTERNATE PHONE

SIBLINGS	SIBLING	GRADE	LISD SCHOOL
	SIBLING	GRADE	LISD SCHOOL
	SIBLING	GRADE	LISD SCHOOL

Please indicate any services that are now or were previously received by this student. Check all that apply.

<input type="checkbox"/> Gifted and Talented Education	<input type="checkbox"/> Speech Classes or Program	<input type="checkbox"/> Migrant Services
<input type="checkbox"/> Section 504 Services	<input type="checkbox"/> English as a Second Language	<input type="checkbox"/> Homebound Services
<input type="checkbox"/> Dyslexia Classes or Programs	<input type="checkbox"/> Foster Care Student	<input type="checkbox"/> Pregnancy Related Service
<input type="checkbox"/> Special Education Services	<input type="checkbox"/> Homeless Student Services	

The information above/on previous page is required for a permanent school record of your child and will be used by school personnel. I certify that the information given above/on previous page is correct. I authorize the school to contact the person(s) named on this form.

A person who knowingly falsifies information on a form required for a student's enrollment in Lampasas Independent School District shall be liable to the district if the student is not eligible for enrollment but is enrolled on the basis of false information. For the period during which the student is enrolled, the person is liable for the maximum tuition fee that the district has in effect at the time, or the amount that the district has budgeted per student as maintenance and operating expenses, whichever is greater. (Texas Education Code 25.001(h))

Having read and understood the above notice, I certify that I am the parent, guardian, or person having lawful control of the student named on this enrollment form. I further certify that we are residents of Lampasas Independent School District and that this student, in my charge, meets all other qualifications for admission.

Parent/Guardian Signature: _____ Date: _____

Person Enrolling Student: _____ DOB: _____ Relation: _____