

Beaumont Independent School District
Beaumont, Texas

STUDENT REGISTRATION FORM
(Please Print Information)



TEA AUDITED DOCUMENT: PLEASE RETAIN COPY IN STUDENT CUMULATIVE FOLDER

Student's Legal Name (last, first, middle) (As shown on Birth Certificate or Court Order)				Gender (Circle One) M F	Birth Date / /	Grade	Homeroom Teacher	Student ID	Enrollment Date / /	
Student's Place of Birth	City	State	Home Phone	Unlisted (Circle One) Y N	School Name		Has your child ever been placed in Special Education? (Circle One) Y N	Child's Social Security #		
Home Street Address	Apt#	City	State	Zip	Cell Phone#	Parent or Guardian in the military (Circle One) Branch _____ Y N		Copy of Parent/Guardian Driver's License		
Mailing Address (if different)	Apt#	City	State	Zip	E-mail Address	Date Entered Ninth Grade / /		The Texas Open Records Act requires BISD to release a student's address/phone number unless a parent requests it NOT be released by checking here. <input type="checkbox"/>		
Student lives with (check box & give full name)	<input type="checkbox"/> Father (As shown on Birth Certificate or Court Order)	Employed at _____	Business Phone _____		Last BISD School Attended or Previous School Attended: Name of School _____ City _____ State _____ Zip _____					
	<input type="checkbox"/> Mother (As shown on Birth Certificate or Court Order)	Employed at _____	Business Phone _____							
	<input type="checkbox"/> Other (Name, Relationship)	Employed at _____	Business Phone _____		In accordance with laws governing the enrollment of students in Texas Public Schools, the following is now mandatory. School districts are required to record the name, address and date of birth of the person enrolling a child in a public school. Amendment Section 351.903(b) Local Government Code					
Children in Home under 21 Years Old		_____ Birth Date _____	_____ Birth Date _____	_____ Birth Date _____	_____ Birth Date _____	Persons Authorized to Pick Up Student		Phone _____	Relationship _____	
		_____ Birth Date _____	_____ Birth Date _____	_____ Birth Date _____	_____ Birth Date _____	Persons NOT Authorized to Pick Up Student		Phone _____	Relationship _____	
EMERGENCY INFORMATION (All Blanks Must Be Completed) In Emergency Call (other than Parent) Name _____ Relationship _____ Phone _____ Name _____ Relationship _____ Phone _____ As parent or guardian, I authorize school personnel to obtain needed emergency medical care and take my child to Dr. _____ Phone _____, or to the emergency room at _____ Hospital. Health Information: <input type="checkbox"/> Asthma <input type="checkbox"/> Food Allergies <input type="checkbox"/> Drug Allergies <input type="checkbox"/> Environmental Allergies <input type="checkbox"/> Special Diet <input type="checkbox"/> Medications At Home <input type="checkbox"/> Current Medical Information <input type="checkbox"/> Heart Disease <input type="checkbox"/> Seizure <input type="checkbox"/> Diabetes <input type="checkbox"/> Any Chronic Condition (More medical information can be provided on the back of the nurse's copy)					Presently, where is the student living? Check one box only <input type="checkbox"/> With parent(s)/guardian <input type="checkbox"/> In a shelter <input type="checkbox"/> With more than one family in a house or apartment <input type="checkbox"/> In a motel, car or campsite with friends or family members (other than parent(s)/guardian)			<input type="checkbox"/> I do <input type="checkbox"/> I do NOT give my permission for my child to receive corporal punishment. Parent/Guardian Signature: _____		
					What kind of insurance do you carry for your family? <input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIPS <input type="checkbox"/> None			I have received a copy of the current Beaumont Independent School District Student Handbook & Code of Conduct which includes the electronic communications, multi-media services and acceptable use policy letter. Students in grades Kindergarten 1st, 6th, 9th and all new students to the district will receive this booklet. <input type="checkbox"/> I give my permission for my child to participate in the district's electronic communications, multi-media services and phone message system. <input type="checkbox"/> I do NOT give my permission for my child to participate in the district's electronic communications, multi-media services and phone message system.		
					School field trips are recognized as an important educational procedure in which pupils are taken to places where instructional subject matter may be studied in its natural setting as it functions. These trips away from the classroom also provide additional opportunities for enhancing classroom instruction and stimulation for learning. <input type="checkbox"/> I give my permission for my child to participate in field trips. <input type="checkbox"/> I do NOT give my permission for my child to participate in field trips.					

3rd Copy - Counselor's Office Copy

2nd Copy - Nurse's Office Copy

1st Copy - Attendance Office Copy

Signature of Parent/Guardian _____ Date _____