

# San Benito Consolidated Independent School District

## Student Registration Data

The information provided must be according to the student's Birth Certificate

Campus/Campus ID: \_\_\_\_\_ BUS #: \_\_\_\_\_ School Year: \_\_\_\_\_ Age as of Sept. 1: \_\_\_\_\_

Student: \_\_\_\_\_ I.D. No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Entry Date: \_\_\_\_\_ Entry Code: \_\_\_\_\_ Eligibility Code: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Ethnic: \_\_\_\_\_

Last District Attended: \_\_\_\_\_ If San Benito (Campus): \_\_\_\_\_

Reason for Transfer to District: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Other Parent/ Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Residence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

During the past 3 years, did you or your family move to another city or state to seek or obtain employment? \_\_\_\_\_

During the past 3 years, what type of employment did you seek or obtain? \_\_\_\_\_

List all other children in Family:

<u>Name</u>	<u>Date of Birth</u>	<u>Campus</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### EMERGENCY INFORMATION

Emergency action if the parent cannot be contacted: I hereby authorize the below listed persons to be notified at the school's discretion and I assume responsibility for payment of any professional emergency services required. Specify if persons to whom the student is to be released are limited.

Emergency Contact Persons & Phone #: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

\_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

\_\_\_\_\_ Hospital: \_\_\_\_\_

I hereby release the driver of any vehicle used for transporting my child due to illness or other problem, from any liability for damage occurring as a result of a traffic accident, collision of other mishap.

Please list any pertinent medical information of which the school should be aware. Allergies: \_\_\_\_\_

Severe Allergy Asthma Heart Seizure Diabetes ADD/ADHD other: \_\_\_\_\_

I hereby request my child to be administered: YES NO First Aid Medicine prescribed by Doctor (Original container with label).

I have received a copy of the STUDENT HANDBOOK and STUDENT CODE OF CONDUCT, and understand and consent to the responsibilities as a parent and/or student as stated on the last page of the STUDENT CODE OF CONDUCT. Furthermore, I certify that the information provided is true and correct. Failure to sign this form does not exempt your child from compliance with the laws, policies, rules, and regulations of the state or the school district.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_