

Student ID _____

Paradise Jr. High Registration 2017-2018

Student Legal Name	Date of Birth	Social Security #	Gender	Enrollment Date
_____	_____	_____	(____)	_____

Student Physical Address	Mailing Address	Preferred Phone
_____	_____	_____

Ethnicity: Hispanic____ Black____ White____ American Indian____ Pacific Islander____ Asian____

Note: Only biological parents may list themselves as father or mother. Step-parent or others must give their legal relationship to student.

Guardian #1 Name: _____	Relation: _____	Receive Mail Outs: Yes / No
Address: _____		Student lives with this person: Yes / No
Home Phone (____) _____	Cell phone (____) _____	Work Phone (____) _____
Email you will use to access grades & attendance. _____		Employer _____

Guardian #2 Name: _____	Relation: _____	Receive Mail Outs: Yes / No
Address: _____		Student lives with this person: Yes / No
Home phone (____) _____	Cell phone (____) _____	Work Phone (____) _____
Email you will use to access grades & attendance. _____		Employer _____

Emergency Contact Information (Includes permission for these contacts to pick up student from school)			
Name: _____	Relation: _____	1st phone _____	2nd phone _____
Name: _____	Relation: _____	1st phone _____	2nd phone _____
Name: _____	Relation: _____	1st phone _____	2nd phone _____
Doctor: _____	Business Phone: _____	Hospital: _____	

List siblings who are enrolled in Paradise ISD			
Sibling: _____	Grade: _____	Sibling: _____	Grade: _____
Sibling: _____	Grade: _____	Sibling: _____	Grade: _____

The Texas Legislature requires that Paradise ISD collect data—Military Connected (SB 525). Please check the appropriate box.			
<input type="checkbox"/> 0— Student is not military connected	<input type="checkbox"/> 3- Student is dependent of a member of the reserve force in the US military.		
<input type="checkbox"/> 1- Student is dependent of a member of the US military on active duty.	<input type="checkbox"/> 4— PK student is a dependent of an active duty member in US military.		
<input type="checkbox"/> 2- Student is dependent of a member of the Texas National Guard			

The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records, or information is a violation of state law and may subject you to tuition costs for your child. I certify that the information given is correct.

I authorize the school personnel to contact the person named on this form and the above named physician to render such treatment as may be necessary in an emergency of said child. In the event parent, physicians, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

Parent/Guardian Signature _____ **Print Name** _____ **Date** _____

Parent/Guardian Date of Birth _____