

MANSFIELD INDEPENDENT SCHOOL DISTRICT

605 E. Broad St. Mansfield, Texas 76063 (817)473-5600

MISD ENROLLMENT FORM

CAMPUS

220908

Enrollment Date: _____ Grade: _____ Local Student ID: _____ (Campus fills in)

Student's Legal Name: _____
First Middle Last Name Student Goes By

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Sex: M _____ F _____

Ethnic Group (Mark Only One): _____ American Indian/Alaskan Native _____ Asian/Pacific Islander
_____ Black/Not of Hispanic Origin _____ Hispanic _____ White/Not of Hispanic Origin

Home Address: _____
Number/Street City Zip

Mailing Address: _____
(if different) Number/Street City Zip

Phone of Residence () _____ Listed _____ Unlisted _____

Name of adult with whom student lives: _____

Relationship: _____ Parent _____ Legal Guardian _____ Educational Guardian

Other: (specify) _____

Parent/Guardian E Mail Address: _____

Guardian #1 Name: _____ Relationship: _____

Home Address: _____ Home Phone: _____

Work Address: _____ Work Phone: _____

Guardian #2 Name: _____ Relationship: _____

Home Address: _____ Home Phone: _____

Work Address: _____ Work Phone: _____

Documentation of Relationship Provided (copy for folder): _____

Person(s) to contact in case of an emergency

Name Relationship Phone

Name Relationship Phone

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This Student has been previously enrolled in the following program/services:

_____ Special Education Campus _____ Years _____

_____ Gifted/Talented Education Campus _____ Years _____

_____ 504 Campus _____ Years _____

_____ Title I Services Campus _____ Years _____

_____ Dyslexia Campus _____ Years _____

May this students demographic information be released to the public? Yes _____ No _____

Name of person(s) allowed to pick up child from school and relationship to child:

_____ Name _____ Relationship _____

_____ Name _____ Relationship _____

_____ Name _____ Relationship _____

I hereby attest that I have the legal custody or educational guardianship of the above named student and that all of the above information is true and correct. I am a legal resident of the Mansfield ISD and my child is of legal age to attend public schools (TEC 25).

I understand all missing information on this form must be supplied within 30 days or the appropriate law enforcement agency will be notified (Human Resources Code 79.017 & TEC 25).

_____ Signature of Person Enrolling Student _____ Date Signed _____