



Aldine Independent School District
Student Registration Form / Student Entrance Sheet
 (Please print)

Student Information				SCHOOL USE ONLY	
Student's Name (as legally recorded) Last Name:		First Name:		Middle Name:	
Student's Date of Birth: _____/_____/_____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Student's Social Security Number: _____	
Address (as legally recorded)		Apt. #:		Zip Code:	
Doctor's Name:		Doctor's Phone Number: _____			
Country of Birth:		If not USA, grade and date entered U.S. schools: Grade: _____ Date: _____/_____/_____			
				Entry Date: ____/____/____	
				Campus #: _____	
				ID #: _____	
				Grade: _____	
				Homeroom #: _____	
Special Information					
This student is currently being served in: <input type="checkbox"/> Special Education <input type="checkbox"/> 504 <input type="checkbox"/> Bilingual/ESL <input type="checkbox"/> GT <input type="checkbox"/> Dyslexia <input type="checkbox"/> ECI					
This student previously has been served in: <input type="checkbox"/> Special Education <input type="checkbox"/> 504 <input type="checkbox"/> Bilingual/ESL <input type="checkbox"/> GT <input type="checkbox"/> Dyslexia <input type="checkbox"/> ECI					
Is there a family history of dyslexia or struggling to read? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Has this student ever been retained? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what grades? _____					
Last school / daycare attended by student:			School District:		
If student was not previously in school, who provided care for your child? <input type="checkbox"/> Parent <input type="checkbox"/> Family Member <input type="checkbox"/> Other _____					
If this student has previously attended Aldine ISD, list the two most recent schools.					
School Name(s)		Grade(s)		School Year(s)	
Brothers and sisters (age 1 to 19):					
Last Name	First Name	Date of Birth	Grade	School	
False or misleading information on this form is a misdemeanor offense. I hereby acknowledge that the above information is true.					
1	Parent's / Legal Guardian's Name (printed):			2	Parent's / Legal Guardian's Name (printed):
	Parent's / Legal Guardian's Signature:				Parent's / Legal Guardian's Signature:

Contact Information on back of form must be completed.

Date completed: ____/____/____

Aldine Independent School District
Student Entrance Form / Student Contact Sheet
(Please print)

Student Name:	Other students registering at this school to which this applies	
LIST INDIVIDUALS' CONTACT INFORMATION IN THE ORDER YOU WISH THEM TO BE CONTACTED FOR SCHOOL COMMUNICATIONS.		
1st Contact	Parent / Guardian First Name	Parent / Guardian Last Name
	Parent / Guardian Date of Birth	Parent / Guardian Driver License Number
	Email (please print clearly)	
	Relationship to student <input type="checkbox"/> Lives with student	
	Parent / Guardian Primary Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input checked="" type="checkbox"/> Include in district's automatic call system
	Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Include in district's automatic call system
	Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Include in district's automatic call system
2nd Contact	First Name	Last Name
	Email (please print clearly)	
	Relationship to student <input type="checkbox"/> Lives with student	
	Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Include in district's automatic call system
	Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Include in district's automatic call system
	Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Include in district's automatic call system
3rd Contact	First Name	Last Name
	Relationship to student <input type="checkbox"/> Lives with student	
	Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Include in district's automatic call system
	Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Include in district's automatic call system
	Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Include in district's automatic call system
4th Contact	First Name	Last Name
	Relationship to student <input type="checkbox"/> Lives with student	
	Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Include in district's automatic call system
	Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Include in district's automatic call system
	Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Include in district's automatic call system

Parent/ Guardian Signature: _____

Date completed: ___/___/20___