

STUDENT INFORMATION --- FRONT OFFICE

office use only

STUDENT:

First Name _____

Last Name _____

5-digit ID _____

HOMEROOM TEACHER _____

office use only

GRADE: _____

BIRTHDATE: _____

MALE

FEMALE

HOME ADDRESS: _____

ZIP _____

SUBDIVISION: _____

HOME PHONE: _____

DIRECTIONS TO HOME: _____

Regular Transportation:

Bus Route #

Car Rider

Other

STUDENT RESIDES WITH: _____

EMAIL: _____

(If different than physical address)

MAILING ADDRESS: _____

ZIP _____

PERSONS AUTHORIZED TO PICK UP STUDENT AND PHONE CONTACT INFORMATION (Use name on Driver's License)

Parent/Guardian: _____

Relationship: _____

Primary Contact Phone #: _____

Alternate Contact Phone #: _____

Parent/Guardian: _____

Relationship: _____

Primary Contact Phone #: _____

Alternate Contact Phone #: _____

Other/Name: _____

Phone: _____

Relationship: _____

Other/Name: _____

Phone: _____

Relationship: _____

Other/Name: _____

Phone: _____

Relationship: _____

STUDENT PROTECTION (We are concerned with the safety of your child, please check appropriate box)

There is not a problem at the present time with mother and/or father picking child up at school.

There is a problem with (name) _____ picking child up at school.*

(*Note: If checked, custody/legal court documents must be on file in the school office.)

List all brothers and sisters living in the household:

Name: _____

Age: _____

Name: _____

Age _____

Name: _____

Age: _____

Name: _____

Age _____

Name: _____

Age: _____

Your primary residence must be within the legal boundaries of Montgomery Independent School District. A person who knowingly falsifies information on a form required for a student's enrollment in the District shall be liable to the district if the student is not eligible for enrollment, but is enrolled, on the basis of false information. This liability is equal to the amount the District has budgeted for each student for the current year for maintenance and operating expenses for the current school year.

IT IS YOUR RESPONSIBILITY TO NOTIFY THE OFFICE OF ANY CHANGES ON THIS FORM.

I understand the above enrollment information and agree with the terms.

Parent Signature: _____

Date: _____

STUDENT INFORMATION --- NURSE'S OFFICE

office use only

STUDENT: _____
First Name _____ Last Name _____ 5-digit ID _____
HOMEROOM TEACHER _____ office use only GRADE: _____ BIRTHDATE: _____ MALE FEMALE
PHYSICAL ADDRESS: _____ ZIP _____
SUBDIVISION: _____ HOME PHONE: _____
STUDENT RESIDES WITH: _____ EMAIL: _____

PERSONS AUTHORIZED TO PICK UP STUDENT AND PHONE CONTACT INFORMATION (Use name on Driver's License)

Parent/Guardian: _____ Primary #: _____ Other #: _____
Parent/Guardian: _____ Primary #: _____ Other #: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

STUDENT PROTECTION (We are concerned with the safety of your child, please check appropriate box)

- There is not a problem at the present time with mother and/or father picking child up at school.**
 There is a problem with (name) _____ picking child up at school.*
(*Note: If checked, custody/legal court documents must be on file in the school office.)

List all brothers and sisters living in the household: Name: _____ Age: _____
Name: _____ Age: _____ Name: _____ Age: _____
Name: _____ Age: _____ Name: _____ Age: _____

HEALTH INFORMATION: list any conditions such as asthma, heart problems, diabetes, epilepsy, severe allergies, ADD or any chronic health condition pertinent to this student. _____

DOES STUDENT WEAR: GLASSES OR CONTACTS YES NO **HEARING AID:** YES NO

MEDICATIONS student is taking/reason: _____

All other over-the-counter medications—including but not limited to Tylenol, Ibuprofen, Aleve, cough drops, antibiotic ointment, oragel – **must be provided and transported to and from the school BY THE PARENT, in its original container and a medication permission form must be filed with the school nurse.**

____ INITIALS **All medication must be in its original & labeled container and brought to clinic by parents/guardian. No medication is allowed on the bus.**

____ INITIALS **At the nurse's discretion, only the following clinic medications may be used: Hydrogen Peroxide, Vaseline, and Calamine lotion. Please notify the school if your child has a condition that will prohibit the use of such items.**

DOCTOR'S NAME: _____ **Phone Number:** _____

IT IS YOUR RESPONSIBILITY TO NOTIFY THE OFFICE OF ANY CHANGES ON THIS FORM.

I, the undersigned, do hereby authorize the officials of Montgomery ISD to contact directly the persons named on this card, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency. The school officials are hereby authorized to take any action that is deemed necessary in their judgment, for the care of my child. I will not hold the school district responsible for the emergency care and/or transportation of my child.

Parent Signature: _____ **Date:** _____

Note: The student must remain free of fever for 24 hours before they are allowed to return to school.