

STUDENT INFORMATION -- FRONT OFFICE

office use only

STUDENT: _____
First Name Last Name 6-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 _____

Parent /Guardian 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 #: _____

Please Note: The above contact information is for LEGAL Parent and/or Guardian ONLY. Any other persons authorized to have contact with your student and/or pick your student up from school need to be entered and maintained by you in the txconnect parent online portal.

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.)

If parents do not live in the same household, we require copy of most recent Custody Agreement.

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: _____

PLEASE COMPLETE AND RETURN TO STUDENT'S HOMEROOM TEACHER BY FRIDAY, AUGUST 24.

STUDENT INFORMATION --- NURSE'S OFFICE

STUDENT: _____
First Name Last Name STUDENT ID

HOMEROOM TEACHER _____ GRADE: _____ CAMPUS: _____ MALE FEMALE

DATE OF BIRTH: _____ CONTACT PHONE: _____

PARENT GUARDIAN PHONE CONTACT INFORMATION (Use name on Driver's License)

Parent/Guardian: _____ Primary #: _____ Other #: _____

Parent/Guardian: _____ Primary #: _____ Other #: _____

PHYSICAL ADDRESS: _____ ZIP _____

STUDENT RESIDES WITH: _____ EMAIL: _____

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, 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 and 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 prohibits the use of these.**

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

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I, the undersigned, do hereby authorize the officials of Montgomery ISD to contact directly the persons named on this form, 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.**