

DOSS ELEMENTARY Registration Form for School Year 2020 - 2021

Campus Name: DOSS ELEMENTARY

Campus Phone: (830) 669-2411

Campus Fax: (830) 669-2303

STUDENT INFORMATION

Local ID _____ Student Name _____ Grade Level _____ Orig Entry Dt _____ Track _____ SSN _____ Hispanic Pacific Islander
 White Black
 Asian American Indian
 Gender _____ Date of Birth _____ Birth Place _____ Age (Sept 1st) _____ Texas Unique ID _____
 Address: _____ Student Home Phone: _____
 Mailing Address: _____ Student Cell Phone: _____
 Student Email: _____ Will your child be using bus transportation to get to school? Yes No

PARENT INFORMATION

1. Guardian: _____ Relation: _____ 2. Guardian: _____ Relation: _____
 Address: _____ Address: _____
 City, St, Zip: _____ City, St, Zip: _____
 Employer: _____ Employer: _____
 Cell Ph: _____ Home Ph: _____ Bus Ph: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____
 Other Ph: _____ Phone Pref: Cell Home Business Other
 Receive Mailouts: Yes No Language Pref: English Spanish
 Emergency Contact: Yes No Email: _____
 Svc Branch: _____ Rank: _____ Enrolling Person: _____
 Right to Transport: Yes No Driver License #: _____ State: _____
 Vehicle Make: _____ Model: _____ Color: _____
 Vehicle Plate #: _____ State: _____

EMERGENCY CONTACT INFORMATION

1. Name: _____ Relation: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____
 Other Ph: _____ Phone Pref: Cell Home Business Other Right to Transport: Yes No Driver License #: _____ State: _____
 Vehicle Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____
 2. Name: _____ Relation: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____
 Other Ph: _____ Phone Pref: Cell Home Business Other Right to Transport: Yes No Driver License #: _____ State: _____
 Vehicle Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____
 Doctor: _____ Bus Ph: _____ Dentist: _____ Bus Ph: _____
 Hospital: _____ Bus Ph: _____ Other Medical: _____ Bus Ph: _____
 List any Allergies or Health Concerns: _____

SIBLING INFORMATION

Brothers/Sisters	Grade	School	Brothers/Sisters	Grade	School
_____	_____	_____	_____	_____	_____

BUS INFORMATION

Eligible: _____ Seat: _____ Special Requirements _____
 Route: _____ Run: _____ Transportation: _____
 Pickup Stop: _____ Dropoff Stop: _____ Special Seating: _____
 Pickup Assigned: _____ Dropoff Assigned: _____ Wheelchair: _____
 Pickup Route: _____ Dropoff Route: _____

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 cost for your child. I certify that the information given above is correct. I authorize the school 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 parents, physician, 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 or Guardian Signature _____ Date of Birth _____ Date _____

(For Office Use Only)

Teacher Name: _____ Control Nbr: _____ Eligibility Code: _____
 Birth Certificate on File: _____ Mil Conn: _____ Foster Care: _____ Immunization on File: _____ Title I: _____
 Soc Sec Copy on File: _____ At Risk: _____ Migrant: _____ Hm Lng: _____
 Gift: _____ LEP: _____ BIL: _____ ESL: _____ Par Per: _____ Econ: _____ Special Education: Prim: _____ Sec: _____ Tert: _____ Multi: _____