

MARTINSVILLE INDEPENDENT SCHOOL DISTRICT ENROLLEMENT FORM

Social Security No: _____ **Date Entered:** _____

Check One:

- Entering Texas School for First Time
- Returning Student to MISD
- Entering From another Texas School: _____

Special Classes Attended: Please Check Speech Special Ed ES G/T Chapter 1 Remedial Reading Dyslexia
 Bilingual 504 Other ****AEP (Alternative Education Program due to Behavior)****

Name: _____
Last First Middle Grade Sex

Date of Birth: _____ **Place of Birth:** _____

Home Address: _____ **Home Phone No:** _____
 _____ **Mobile Phone No:** _____
 _____ **E-Mail Address:** _____

Proof Of Residence Yes No (Documentation Required – For Example, Property Tax Statement, Utility Statement, Rental Lease/Statement, ect.)

Location if Rural Route: (Give Specific Direction to Your Residence, Including County Road Numbers, If applicable: _____

Student Lives With: (Check One)

- MF Mother, Father
- M Mother Only
- F Father Only
- MSF Mother, Step Father
- FSM Father, Step Mother
- G Guardian
- GP Grandparent

- Foster Mother
- Foster Father

Mode of Transportation

- Bus & No. _____
- Car Rider

FAMILY INFORMATION:

Father: _____

Address: _____

Employer: _____

Business Telephone: _____

Mother: _____

Address: _____

Employer: _____

Business Telephone: _____

Guardian: _____

Address: _____

Employer: _____

Business Telephone: _____

OTHER CHILDREN LIVING WITH THE FAMILY:

NAME	AGE	GRADE	SCHOOL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY INFORMATION:

In the event of an emergency, if you cannot be reached, whom should we contact?

Name: _____ Relationship _____ Telephone No. _____

Name: _____ Relationship _____ Telephone No. _____

Family Doctor: _____ Telephone No. _____

Does your child have any special problems? ___ Yes ___ No (If yes, please explain)

The following documents are required at time of enrollment and are to be placed in each student's permanent record:

- Birth Certificate
- Social Security
- Immunization Record
- School Records
- Home Language Survey
- Migrant Survey
- Proof of Residence

All Forms attached must be completed and all requested information must be provided prior to enrollment. To the best of my knowledge, the information listed above is true and correct.

Parent/Guardian Signature

Date

Required data for 2015-2016

Military Connected Student Data Collection

Beginning in the 2013-2014 school year, the Texas legislature has passed a bill requiring that school districts report all military-connected students—not just Pre-Kindergarten as in previous years for an eligibility criteria for PK.

Please circle Yes/No to all questions below:

Yes/No Is the Student a dependent of a member of the Army, Navy, Air Force, Marine Corps, or Coast Guard on active duty?

Yes/No Is the Student a dependent of a member of the Texas National Guard (Army, Air Guard or State Guard)?

Yes/No Is the Student a dependent of a member of the Reserve force in the United States Military (Army, Navy, Air Force, Marine Corps, or Coast Guard)?

For Pre-Kindergarten only:

Yes/No Is the student a dependent of: 1) an active duty uniformed member of the Army, Navy, Air Force, Marine Corps, or Coast Guard, or 2) activated/mobilized uniformed member of the Texas National Guard (Army, Air Guard, or State Guard), or 3) activated/mobilized members of the Reserve components of the Army, Navy, Marine Corps, Air Force, or Coast Guard; who are currently on active duty or who were injured or killed while serving on active duty?

Universal Foster Care Indicator Code Data Collection

Beginning in the 2013-2014 school year, the Texas legislature has passed a bill requiring that school districts report all students who are currently in the conservatorship of the Department of Family and Protective Services (Foster Care). The Foster parent must provide a copy of the Texas DFPS Placement Authorization Form (Form 2085) or a court order that designates the student is in the conservatorship of the Department of Family and Protective Services.

For Pre-kindergarten students enrolling under this eligibility criteria, the parent or caregiver must provide a copy of the Texas Department of Family and Protective Services stating that this child was previously in their conservatorship.

YES/NO Is Student currently in conservatorship of the Department of Family and Protective Services (Foster Care)?

Student Name

Grade

Parent/Guardian Signature

Date

**Texas Education Agency
Division of Bilingual Education**

Home Language Survey
Grades PK-12

District Name: Martinsville ISD

Campus: Martinsville ISD

Child Name: _____ Grade: _____

TO BE FILLED IN BY PARENT OR GUARDIAN:

- What language is spoken in your home most of the time? _____
- What language does your child speak most of the time? _____

Parent/Guardian Signature

Date

**CUESTIONARIO DE IDIOMA HOGARENO
ESTADO DE TEXAS**

Home Language Survey
Grados PK-12

Nombre del Distrito: Martinsville ISD

Escuela: Martinsville ISD

Nombre del estudiante: _____ Grado: _____

DEBE SER LLENADO POR EL ESTUDIANTE O EL PADRE:

- ¿Cuál es el idioma que más se habla en su hogar? _____
- ¿Cuál es el idioma que más habla usted? _____

Firma de Padre/Guardian

Fecha



**2015-2016 Family Survey / Encuesta de la Familia
MARTINSVILLE INDEPENDENT SCHOOL DISTRICT
Tina Whitehead District Migrant Contact**

Your child may be eligible for educational services through the Migrant Education Program. Contact the Office of Migrant Education at (936) 564-3455 if you need additional information.

1. During the last three years has your family moved from one school district to another?		
___ Yes ___ No		
2. Do you or does anyone from your family do the following temporary or seasonal work?		
___ Yes ___ No		
<i>What type of work?</i>	___ Bailing Hay	___ Food Processing in Plants
___ Farming	___ Picking Fruit or Vegetables	___ Plant Nursery
___ Ranching	___ Cotton Farming/Ginning	___ Poultry Production
___ Fencing	___ Combining/Harvesting Grain	___ Clearing Land
___ Dairying	___ Driving Tractors/Machinery	___ Picking Nuts, Pecans, etc.
___ Fishing	___ Tree Growing or Harvesting	___ Other Similar Work

Su niño/a puede ser elegible para recibir servicios escolares proporcionado por el programa educacional migrante. Entre el contacto con la Oficina de Educación Migrante si necesitas información adicional _____.

1. ¿ Durante los últimos tres años ha viajado su familia de un distrito escolar a otro?		
___ Yes ___ No		
2. ¿ Trabaja usted o alguien en su familia en una de las siguientes actividades temporalmente?		
___ Yes ___ No		
<i>¿ Que tipo de trabajo?</i>	___ Juntando paja	___ Cultivando árboles
___ Cultivando	___ Cosecha de frutas/verduras	___ En viveros
___ En ranchos/granjas	___ Cultivando algodón	___ En producción de aves
___ Cercando	___ Mezclando/cosechando granos	___ Limpiando terrenos
___ En lecherías	___ Manejando tractores/maquinaria	___ Recogiendo nueces, etc.
___ Pescando	___ Procesando comida en fábricas	___ Otro trabajo similar

Student Name/Estudiante

Birthdate/Fecha de Nacimiento

Grade/Grado

Parent Name/Padre

Telephone/Teléfono

**Transportation Management
Student Transportation
Extra-Curricular Travel
2015-2016
Parental Consent/Medical Release Form**

_____, _____
(Student Name) (Student Grade)

_____, _____
(Parent or Guardian's Name) (Relation to Student)

(Complete Home Address, City, State and Zip Code)

(Area Code/Phone # and Second Phone #)

I, _____ give my permission for _____
(Parent or Guardian's Name) (Student Name)

to attend all Martinsville ISD Field Trips and hereby authorize in advance any necessary

medical treatment required by _____ while he/she is absent from home.
(Student Name)

Also, I understand that all rules and regulations set forth in the Martinsville ISD Student Handbook will be enforced and any violation by my child will result in his/her being disciplined accordingly.

(Parent or Guardian's Signature)

(Date)

The following people have permission to pick up my child

2015-2016

Student Name: _____ Grade: _____

Day Time Phone Number: _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Parent/Guardian Signature: _____

Date: _____