



2013-2014 Registration/Inscripción - Records Request Authorization-*Must Go Online to Complete*

Registration

Student Information/Información del Estudiante (Legal Name of Student/Nombre Legal del Estudiante)

(First)/ (Primer Nombre)		(Middle)/ (Segundo Nombre)		(Last)/ (Apellido)	
Social Security#/Seguro Social #		Grade/Grado (2014)	Gender/Sexo M/F	Primary Phone/ Teléfono Principal	
Place of Birth/ Lugar de Nacimiento	Date of Birth/ Fecha de Nacimiento		If not born in US, what year did student begin school in US?/ Qué año los estudiantes comienzan la escuela en los EE.UU.?		
Home Address/ Dirección Residencial	Apt #	City/ Ciudad		State/ Estado	Zip/ CodigoPostal

Health Factors and Medical Conditions The school should be aware of the following health factors or medical conditions. (**Factores de Salud y Condiciones Medicas** La escuela debe estar informada de los siguientes factores o condiciones medicas):

Parents/Legal Guardians With Whom Student Lives / Padres/Guardianes Legales Con Quien el Estudiante Vive

Name/Nombre		Name/Nombre	
Relationship to Student Relacion al Estudiante		Relationship to Student Relación al Estudiante	
Work Phone/ Teléfono de Trabajo	Cell Phone/ Teléfono Celular	Work Phone/ Teléfono de Trabajo	Cell Phone/ Teléfono Celular
Primary Email Address/ Correo Electrónico Principal		Primary Email Address/ Correo Electrónico Principal	

Parents/Legal Guardians NOT Living with Student /Padres/Guardianes Legales que NO viven con el estudiante

Name/Nombre		Name/Nombre	
Relationship to Student Relación al Estudiante		Relationship to Student Relación al Estudiante	
Work Phone/ Teléfono de Trabajo	Cell Phone/ Teléfono Celular	Work Phone/ Teléfono de Trabajo	Cell Phone/ Teléfono Celular
Primary Email Address/ Correo Electrónico Principal		Primary Email Address/ Correo Electrónico Principal	

Authorized Person to Contact/Release My Child to in Case of Emergency (Other than Above)
Child will NOT be released to anyone who is not listed below. Provide additional list if necessary.

Name/Nombre	Relationship/Relación	Primary Phone/Teléfono	Work Phone/Tel Trabajo

Please indicate if the student was served in any of the following Special Services at the time of withdrawal from the previous school. Please check all that apply./Favor de indicar si el estudiante recibio

Gifted and Talented <input type="checkbox"/>	Bilingual <input type="checkbox"/>	ESL <input type="checkbox"/>	Special Education <input type="checkbox"/>	Speech <input type="checkbox"/>	Free/Reduced Lunch <input type="checkbox"/>	Section 504 <input type="checkbox"/>	Chapter or Title I <input type="checkbox"/>	Dyslexia Services <input type="checkbox"/>	Migrant/Homeless Programs <input type="checkbox"/>
Have you attended a US school for 3 or more academic years? Note: The 3 years do not have to be consecutive.			Name of Previous School			Phone of Previous School			
Address of Previous School			Fax of Previous School						

~ A person who knowingly falsifies information to gain enrollment in Frisco ISD is liable for tuition fees. (State Code 25.000) ~
Print this page and then provide a SIGNATURE AND DATE below

Signature of Parent/Guardian Firma del Padre/Madre/Guardian	Date/Fecha:
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OFFICE USE ONLY

Campus of Enrollment	Date Enrolled	Student ID
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Student Name

Texas Education Agency

Texas Public School Student/Staff Ethnicity and Race Data Questionnaire

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

**Please answer BOTH Part 1 and Part 2 regarding the student's or staff member's ethnicity and race.
United States Federal Register (71 FR 44866)**

Part 1. Ethnicity: Is the person Hispanic/Latino? *(Choose only one)*

- Hispanic/Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

Part 2. Race: What is the person's race? *(Must choose one or more regardless of choice in Part 1.)*

- American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America).
- Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** – A person having origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa