

Bandera Independent School District

School Admission Form to Alkek Hill Country Middle School High School

Please Print ALL Information – all information must be legible.

Student's Legal Name _____ Age _____ Female Male
First Middle Last

Last Grade Completed _____ Date of Birth _____ SS# _____

1. Parent/Legal Guardian Name _____ 2. Parent/Legal Guardian Name _____

Relationship to Child _____ Relationship to Child _____

Email Address _____ Email Address _____

Physical Address _____ Physical Address _____

Mailing Address _____ Mailing Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Emergency Contact Information:

3. Emergency Contact Person _____ Relationship to Child _____

Emergency Phone _____ Right to Transport Yes No
landline cell business

4. Emergency Contact Person _____ Relationship to Child _____

Emergency Phone _____ Right to Transport Yes No
landline cell business

Will your child be using bus transportation to get to school? Yes No

____ (initial) I understand it is my responsibility to provide current legal documentation of any child custody restriction.

Please list any brothers/sisters:

Name	Grade	School	Name	Grade	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please print recent student history information. (Will be used to request student transcripts.)

Year	School Attended	Grade	School/District Address/Phone Number
2017-2018	_____	_____	_____
2016-2017	_____	_____	_____
2015-2016	_____	_____	_____
2014-2015	_____	_____	_____

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Has your child ever been retained (held back a grade) or placed (put in the next grade without being promoted)?

Yes No If yes, what grades? _____

Has your child ever been in any special school programs? Yes No

If yes, check which program/s? Please check all that apply. Special Education Services Speech Services
 English as a Second Language/Bilingual Services Reading Assistance Programs Dyslexia Program
 Math Assistance Program Gifted & Talented Services Other _____

Does your child have a “severe food allergy?” Yes No

If yes, what food/s? _____ **Nature of allergic reaction:** _____

(This information will be kept confidential, but may be disclosed to teachers, school counselor, school nurse, and other appropriate school staff. Any information disclosed will be kept in the student's permanent record. If a physician discloses information about a food allergy, that information will be placed in the student's health record only.)

Please consult with your campus clinic about any “severe” food allergies or any other “severe” allergies.

Early Education Questions for students registering in PreK, Headstart, Kindergarten or First Grade only:

For Pre- K or Headstart students: Did your child become 4 years old on or before Sept. 1 this school year? Yes No

For Kindergarten students: Did your child become 5 years old on or before Sept. 1 this school year? Yes No

For First Grade Students: Did your child become 6 years old on or before Sept. 1 this school year? Yes No

The following statements are within said affiant's personal knowledge and are true and correct:

1. Admission as a student to the Bandera Independent School District is being sought for the child in the public school attendance zone in which the child resides. That is, they eat, sleep and maintain clothing and other personal effects at an address within district boundaries as indicated on page 1 of this form.

Please be informed under 37.10 Tampering with Governmental Record (a) A person commits an offense if he knowingly makes a false entry in, or false alteration of, a governmental record or (b) or makes, presents, or uses any record, document or thing with knowledge of its falsity and with intent that it be taken as a genuine governmental record.

2. The child's presence in the Bandera Independent School District is not for the primary purpose of participation in extracurricular activities.
3. The child **(is) (is not)** currently under alternative education placement or expelled.
4. The relationship of the undersigned affiant to the child seeking admission is as follows: _____

Signed this ____ day of _____, 201__

Signature of Parent/Legal Guardian

DOB

Signature of Office Personnel/Counselor/AP/ Principal