

**Registration Form**  
**School Year: 2009 - 2010**

Track: \_\_\_\_\_

GRANGER SCHOOL		Student Name _____ Gen _____		Local ID _____	State ID _____
Campus Name	Campus Phone	Date of Birth	Birth Place	Grade Level	Ethnicity
(512) 859-2173	(512) 859-2446	_____	_____	_____	_____
Campus Phone	Campus Fax	Age	Gender		

**Mailing Address:** \_\_\_\_\_

**PARENT INFORMATION**

1. Guardian: _____	Relation: _____	2. Guardian: _____	Relation: _____
Address: _____		Address: _____	
City, St, Zip: _____		City, St, Zip: _____	
Employer: _____		Employer: _____	
Phone: _____	Work: _____	Phone: _____	Work: _____
Other: _____	Email: _____	Other: _____	Email: _____
Svc Branch: _____	Rank: _____	Enrolling Person: _____	Svc Branch: _____
			Rank: _____
			Enrolling Person: _____

**ENROLLING PERSON**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

1. Name: _____	Relation: _____	Phone: _____	Work Phone : _____
2. Name: _____	Relation: _____	Phone: _____	Work Phone : _____
Doctor Preference: _____	Phone: _____		
Hospital Preference: _____	Phone: _____		
Dentist Preference: _____	Phone: _____		
Other: _____	Phone: _____		

**BUS TRANSPORTATION INFORMATION**

Will your child be using bus transportation to get to school? \_\_\_\_\_ (Yes or No)

Is your child transferring from another school district? \_\_\_\_\_ (Yes or No)

If yes, from what district? \_\_\_\_\_

Previous school(s) attended: \_\_\_\_\_

**To the parent:** The information asked above is needed as a permanent school record of your child and will be used by school personnel. This is to certify the above information is correct. I, the undersigned, do hereby authorize officials of this school to contact directly the person named on this form, and do authorize the above named physician to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physician, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

\_\_\_\_\_  
 Parent or Guardian Signature

\_\_\_\_\_  
 Date

**(For Office Use Only)**

Original Entry Date: \_\_\_\_\_ Control No.: \_\_\_\_\_ Eligibility Code: \_\_\_\_\_ At Risk: \_\_\_\_\_