

Sands CISD

Student Registration Form

Date _____

New Student? (Check)

Yes

No

Address or Phone change? (Check)

Yes

No

Student Data

Grade Level _____

First Name _____ Middle Name _____ Last Name _____

Sex _____ Date of Birth _____ Social Security Number _____

Physical Address _____

City _____ Zip _____ County _____

Mailing Address _____

City _____ Zip _____ County _____

Home Phone _____ Cell Phone _____

Family Data

Parent/Guardian (Check)

Parent

Guardian

Parent 1: (Enrolling Person)

First Name _____ Last Name _____ Relationship _____

Address _____

City _____ Zip _____ County _____

Home Phone _____ Cell Phone _____

Date of Birth _____

Employer _____ Work Phone _____

Email _____

Parent 2: (Check)

Parent

Guardian

First Name _____ Last Name _____ Relationship _____

Address _____

City _____ Zip _____ County _____

Home Phone _____ Cell Phone _____

Date of Birth _____

Employer _____ Work Phone _____

Email _____

Local Emergency contact-relative or friend (other than the above named parent or guardians)

1.) Name _____ Phone _____ Relationship _____

2.) Name _____ Phone _____ Relationship _____

Previous School Info

Last School Attended _____ Address _____

City _____ State _____ Zip _____ Phone _____

Has the student ever been enrolled at Sands

CISD: (Check) When _____ Yes

No

Sibling Info

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

Parent or Guardian Signature _____